

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

DEC 30 1969

Office of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(Gov. Code 11380.1)

DEC 30 1969

Office of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

STATE DEPARTMENT OF SOCIAL WELFARE

(Agency)

Dated: December 23, 1969

By:

Ralenthant

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

DEC 30 1969

At 4:52 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By:

[Signature]
Assistant Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

DEPARTMENT BULLETIN NO. 653

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS

COST OF LIVING INCREASES - COURT DECISION (DALEY v. MONTGOMERY)
OAS, AB AND ATD

This bulletin has been adopted with a finding of emergency to be effective immediately. It modifies regulations governing the standards of assistance for OAS, AB and ATD recipients (Regulations 44-207, 44-208 and 44-209) and maximum aid payments for such recipients (Regulation 44-311) effective 2/1/70. It also provides for the authorization of retroactive aid to adjust for underpayments to specified recipients for the period 12/1/68 through 1/31/70.

(Revisions in Regulations 44-207, 44-208, 44-209 and 44-311 will be adopted with a finding of emergency and issued as soon as possible.)

* When the initials AB (Aid to the Blind) appears in this bulletin, they shall also apply to APSB (Aid to Potentially Self-Supporting Blind).

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DEPARTMENT BULLETIN NO. 653 (Continued)

I. Brief Summary of County Action RequiredA. OAS and ATD Recipients (Except those in Long Term Medical Care)

1. Increase continuing grants for each recipient \$1 a month, effective 2/1/70.
2. Authorize supplemental aid of \$1 a month for each month between December 1, 1968 and January 31, 1970, that the individual was an eligible recipient.

B. AB and APSB Recipients (Except those in Long Term Medical Care)

1. Increase continuing grants \$2 a month for each recipient in an independent living arrangement and \$1 a month for each recipient in nonmedical out-of-home care, effective 2/1/70.
2. Authorize supplemental aid of \$2 a month for each month between December 1, 1968 and January 31, 1970 that the individual was an eligible recipient except that the increase shall be \$1 a month for any month between July 1, 1969 and January 31, 1970 that the recipient was in nonmedical out-of-home care.

A detailed explanation of the basis for this required action is set forth in the following sections of this bulletin.

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DEPARTMENT BULLETIN NO. 653 (Continued)

II. Basis for Modification in Regulations

Cost of living increases of \$4 a month for OAS, AB, ^{APSB}and ATD recipients were authorized effective 12/1/68. In computing these increases, the medical care factor was excluded from the Consumer Price Indices as published by the Bureau of Labor Statistics. The exclusion of the medical factor was based on the fact that medical care is provided OAS, AB, ^{APSB}and ATD recipients without charge under the Medi-Cal program. This exclusion was challenged and in October 1969 the District Court of Appeals ruled that the reduction of the increased cost of living ^{adjustments} by the portion attributable to medical cost increases was contrary to law. A Writ of Mandate was ordered directing aid increases in the full amount.

The state petitioned the Supreme Court of California for a hearing on this issue. However, on December 10, 1969 the Supreme Court declined to hear the case. Thus, the Writ of Mandate ordered by the District Court of Appeals became final and immediate compliance with that writ is necessary.

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DEPARTMENT BULLETIN NO. 653 (Continued)

III. Action Required as a Result of Court Decision

The court decision requires:

- (1) Recomputation of the cost of living increases effective 12/1/68 with the medical factor incorporated into the *consumer price index*,
- (2) Increases in continuing grants for most OAS, ^{APSB} AB, and ATD recipients, and
- (3) Authorization of supplemental or retroactive payments to those recipients who, as a result of this change, are determined to have been underpaid for one or more months starting in December 1968.

A. Recomputation of Cost of Living Increases

Cost of living increases effective 12/1/68 should have been in the amount of \$5 a month in OAS and ATD and \$6 a month ^{and APSB} in AB, instead of the \$4 a month previously authorized.

This means that most OAS and ATD recipients have been underpaid \$1 a month since December 1, 1968 and that most AB recipients have been underpaid \$2 a month. The attached chart, ^(Attachment 1.) shows minimum and maximum grants in OAS, ~~and~~ ^{APSB} AB, and maximum average grants in ATD as previously authorized and as corrected effective 12/1/68 and 12/1/69.

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DEPARTMENT BULLETIN NO. 653 (Continued)

B. Adjustment in Continuing Grants Required Effective
February 1, 19701. Recipient in an Independent Living Arrangement
(Regulations 44-207 and 44-208)

For the recipient in an independent living arrangement who has no other change in circumstances which affects the aid payment to which he is entitled on February 1, 1970, the continuing grant shall be increased \$1 a month in OAS and ATD and \$2 a month in AB, ^{and APB} effective 2/1/70. These changes are based upon the following changes in the need standards. The \$1 increase in cost of living for OAS and ATD and the \$2 increase in AB ^{and APB} is added to the item in the need standards designated "minimum needs related to age, blindness, or disability." Thus, the allowances for this item are increased as follows:

OAS - Increased from \$16 to \$17 if the recipient is living alone (Regulation 44-207.11) or in a shared living arrangement (Regulation 44-207.12) and from \$9 to \$10 if the recipient is in a board and room arrangement (Regulation 44-208).

ATD - Increased from \$10 to \$11 for the recipient who is living alone (Regulation 44-207.11); increased from \$5 to \$6 for the recipient in a shared living arrangement or in a board and room arrangement (Regulations 44-207.12 and 44-208).

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^{APSD}
AB - Increased from \$28 to \$30 if the recipient is living alone (Regulation 44-207.11) or in a shared living arrangement (Regulation 44-207.12) and from \$19 to \$21 if the recipient is in a board and room arrangement (Regulation 44-208).

If other change must be made in the recipient's grant effective 2/1/70, the change shall be computed and authorized in the usual manner but total need of the recipient shall include these increases in minimum need related to age, blindness or disability.

2. Recipient in a Nonmedical Out-of-Home Care Living Arrangement* (Regulation 44-209)

^{APSD}
For the OAS, AB, or ATD recipient who is in a nonmedical out-of-home care living arrangement and who has no other change in circumstances which affects the aid payment

*New fiscal limitations were established effective 7/1/69 for OAS, AB and ATD recipients who are receiving nonmedical out-of-home care. A uniform need standard was established and the cost of living increase to which these recipients would otherwise have been entitled, effective 12/1/69, was taken into consideration and included in the amounts established for personal and incidental allowances effective 7/1/69. Thus, these recipients received no cost of living increase effective 12/1/69. The uniform need standard must be maintained for these recipients and, accordingly, regardless of program they are now entitled to only a \$1 increase in grant to restore to them the medical factor which was excluded from the cost of living computation effective 12/1/68. This increase cannot be allocated to the maximum allowances for board and care as those maxima are controlled by the State Budget Act.

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DEPARTMENT BULLETIN NO. 653 (Continued)

to which he is entitled on February 1, 1970, the continuing grant shall be increased \$1 a month effective 2/1/70. This change results from the \$1 increase in cost of living being added to the personal and incidental needs allowance. This increases this allowance from \$37 to \$38 for the recipient in Group I care and from \$23 to \$24 for the recipient in Group II care. This also increases the maximum need and maximum grants for Group I care from \$214 to \$215 and for Group II care from \$225 to \$226.

If other change must be made in a recipient's grant effective 2/1/70, the change shall be computed and authorized in the usual manner but total need of the recipient shall include these increases in personal and incidental needs.

3. Recipient Receiving Long Term Care in a Medical Facility (Regulation 44-211)

Recipients receiving long term care in a medical facility are not eligible to an increase in their grants. Need for such recipients continues to be limited to \$15 a month for personal and incidental expenses.

C. Authorization of Supplemental Aid to Adjust Underpayments for the Period 12/1/68 through 1/31/70

Supplemental aid to adjust underpayments determined pursuant to the following limitations shall be authorized as soon as administratively possible and not later than the next annual redetermination of eligibility starting with February 1970:

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DEPARTMENT BULLETIN NO. 653 (Continued)

1. OAS and ATD - Current Recipients

Retroactive or supplemental aid of \$1 a month shall be authorized for each month during the period 12/1/68 through 1/31/70 that the individual was an eligible recipient and was in either an independent living arrangement or in a nonmedical out-of-home care living arrangement. (Regulations 44-207, 44-208 and 44-209.)

2. ^{APSB}
AB - Current Recipients

a. Recipient in Independent Living Arrangement
(Regulations 44-207 and 44-208)

Retroactive or supplemental aid of \$2 a month shall be authorized for each month during the period 12/1/68 through 1/31/70 that the individual was an eligible recipient and was in an independent living arrangement.

b. Recipient in Nonmedical Out-of-Home Care Living Arrangement (Regulation 44-209)

Retroactive or supplemental aid shall be authorized in the following amounts based on the month or months the recipient was in a nonmedical out-of-home care living arrangement:

12/1/68 through 6/30/69 - \$2 a month

7/1/69 through 1/31/70 - \$1 a month

3. ^{APSB}
OAS, AB and ATD - Recipient Status has Terminated

If a former recipient was underpaid during the period 12/1/68 through 1/31/70 because of the incorrect cost of living increase effective 12/1/68, retroactive aid shall be authorized to adjust such underpayment at the time the case is identified.

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DEPARTMENT BULLETIN NO. 653 (Continued)

IV. Authorizations of Changes and Recording in Case Records

Changes in continuing grants effective 2/1/70 and any retroactive aid to which recipients are eligible pursuant to the provisions of this bulletin must be authorized. The authorizations may be by individual authorization document or by list. The months for which retroactive aid is authorized must be identified and minimum information recorded in the case record to indicate any change in the continuing grant, the months for which retroactive aid is authorized and the amount authorized for each month.

V. Notification to Recipients

A notice explaining the change in grant must be sent to each recipient who receives:

1. An increase in his continuing grant effective 2/1/70, and
2. A retroactive increase in grant for one or more months between December 1, 1968 and January 31, 1970.

Time does not permit the state to print notices for this purpose. It is suggested that the attached (Attachment 2) notifications, or similar ones prepared by the county, be sent to recipients explaining these changes.

These form notices may be used if the only change in grant is that occasioned by this adjustment in the cost of living increase. If there are other changes in circumstances which affect the grant(s) to which the recipient is eligible, the usual Notice of Action must be sent.

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DEPARTMENT BULLETIN NO. 653 (Continued)

Attachment 1

MINIMUM AND MAXIMUM GRANTS IN OAS AND AB
AND MAXIMUM AVERAGE GRANTS IN ATD

- (1) As previously authorized December 1, 1968 and December 1, 1969 with the medical factor excluded from the cost of living adjustment, and
- (2) As now authorized with the medical factor incorporated

	OAS		AB HPBB		ATD	
	12/1/68	12/1/69	12/1/68	12/1/69	12/1/68	12/1/69
Minimum Grant Previously Authorized	\$123.50	\$129.00	\$143.50	\$150.00	-----	-----
Minimum Grant Now Authorized	\$124.50	\$130.00	\$145.50	\$152.00	-----	-----
Maximum Grant Previously Authorized	\$188.50	\$194.00	\$193.50	\$200.00	-----	-----
Maximum Grant Now Authorized	\$189.50	\$195.00	\$195.50	\$202.00	-----	-----
Maximum Average Grant Previously Authorized	-----	-----	-----	-----	\$115.50	\$121.00
Maximum Average Grant Now Authorized	-----	-----	-----	-----	\$116.50	\$122.00

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DEPARTMENT BULLETIN NO. 653 (Continued)

Attachment 2

1. Suggested Notice to go with February 1970 Warrants

SPECIAL NOTICE TO OAS, AB, AND ATD RECIPIENTS

Your assistance grant, effective February 1, 1970, has been increased \$1 a month (\$2 if you are living in your own home and receiving Aid to the Blind). This increase is the result of a recent court decision which held that the annual cost of living adjustments, effective December 1, 1968, should have been \$1 more than previously determined (\$2 more for most recipients of Aid to the Blind).

If you were a recipient of aid in one or more months between December 1968 and January 1970, you may also be eligible to a supplemental check to adjust for this change in the cost of living for that period. Eligibility to such supplemental payments requires a review of individual cases. This review will be made as rapidly as possible and the supplemental aid, if any, to which you are eligible will be authorized.

2. Suggested Notice to go with Supplemental Warrant Adjusting Underpayment

IMPORTANT NOTICE TO OAS, AB, AND ATD RECIPIENTS

The enclosed check adjusts for a change in the annual cost of living adjustment for the period December 1, 1968 through January 31, 1970. This adjustment was recently ordered by the District Court of Appeals.

If you are an OAS or ATD recipient, this increase is in the amount of \$1 a month for each month during the period December 1, 1968 through January 31, 1970 that you were an eligible recipient.

If you are an AB recipient, this increase is in the amount of \$2 a month for each month during the period December 1, 1968 through January 31, 1970 that you were an eligible recipient. Exception: If you were receiving care in an out-of-home care facility in any month between July 1, 1969 and January 31, 1970, the increase for such month is \$1 rather than \$2.

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44-207 MINIMUM NEEDS OF RECIPIENT IN INDEPENDENT LIVING ARRANGEMENT –
 OWN HOME (Continued)

44-207

AB
ATD
OAS

.1 NEEDS CHART – RECIPIENT LIVING IN HIS OWN HOME

.11 Recipient Lives Alone

Item	Allowance by program		
	AB	ATD	OAS
Minimum needs common to every adult aid recipient	\$ 92.00	\$ 92.00	\$ 92.00
Minimum needs related to age, blindness or disability	30.00	11.00	17.00
Minimum housing need	30.00	--	21.00
TOTAL	\$152.00	\$103.00	\$130.00
Housing allowance beyond minimum (Allowed if paid by recipient)	\$ 0 - 33.00	\$ 0 - 63.00	\$ 0 - 42.00
Minimum and maximum ^{1/} need amounts	\$152.00 185.00	\$103.00 166.00	\$130.00 172.00

^{1/} For exceptions, see Section .21, below.

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44-207 MINIMUM NEEDS OF RECIPIENT IN INDEPENDENT LIVING ARRANGEMENT –
OWN HOME (Continued)

44-207

AB
ATD
OAS

.12 Recipient in Shared Living Arrangement

Item	Allowance by program		
	AB	ATD	OAS
Minimum needs common to every adult aid recipient	\$ 92.00	\$ 92.00	\$ 92.00
Minimum need related to age, blindness or disability	30.00	6.00	17.00
Minimum housing need	30.00	--	21.00
TOTAL	\$152.00	\$ 98.00	\$130.00
Housing allowance beyond minimum (Allowed if paid by recipient)	\$ 0 – 15.00	\$ 0 – 45.00	\$ 0 – 24.00
Minimum and maximum ^{1/} need amounts	\$152.00 167.00	\$ 98.00 143.00	\$130.00 154.00

^{1/} For exceptions, see Section .21, below.

Effective 2/1/70

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44-208 MINIMUM NEEDS OF RECIPIENT IN INDEPENDENT LIVING ARRANGEMENT -
 BOARD AND ROOM

44-208

AB .1 Needs Chart — Recipient Living in Board and Room Arrangement
ATD
OAS

Item	Allowances by program		
	AB	ATD	OAS
Minimum needs common to every adult aid recipient	\$ 55.00	\$ 55.00	\$ 55.00
Minimum needs related to age, blindness or disability	21.00	6.00	10.00
Minimum board and room	76.00	--	65.00
TOTAL	\$152.00	\$ 61.00	\$130.00
Board and room allowance beyond minimum (Allowed if paid by recipient)	\$ 0 - 26.00	\$ 0 - 87.00	\$ 0 - 37.00
Minimum and maximum ^{1/} need amounts . .	\$152.00 178.00	\$ 61.00 148.00	\$130.00 167.00

^{1/} See exception in .2, below.

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44-209 MINIMUM NEEDS OF RECIPIENTS IN NONMEDICAL OUT-OF-HOME CARE
FACILITIES (Continued)

44-209

AB
ATD
OAS

.3 Needs Chart — Recipient Living in Nonmedical Out-of-Home Care Facility

Need Items	Group I Minimum to Moderate Care and Supervision	Group II Extensive care and Supervision
A. Board, room, personal care and supervision. Allow charge for care* <u>not to exceed</u> Components of maxima 1) Shelter and utilities 2) Food 3) Personal care and supervision, including minimum basic services normally required for licensing.	\$162.00**	\$187.00
B. Personal and Incidental Needs*** (Personal expenses, transportation, recreation, etc.)	\$ 38.00	\$ 24.00
C. Clothing, dry cleaning, extra laundry, shoe repair and other similar needs not normally provided by the facility.	\$ 15.00	\$ 15.00
D. Totals — Based on <u>maxima</u> for board, care and supervision.	\$215.00	\$226.00

* If the charge per month exceeds the specified ceiling, see Section 44-111.422 c.

** A flat \$160 per month is, by statute, the maximum that may be charged for board and care for a recipient in a family care home certified by the State Department of Social Welfare and this amount is to be allowed for each such recipient.

*** If these needs are provided in whole or in part by the facility for an additional service charge, the recipient may need to use all or a portion of this allowance to pay the facility for these services.

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44-311 STATUTORY MAXIMUM GRANTS — ADULT PROGRAMS

44-311

AB | .1 Program Grant MaximumsATD
OAS

There are different monthly grant maximums for the various public assistance programs.

.11 Recipient in Independent Living Arrangement (See Sections 44-207 and 44-208)AB | .111 Grant Maximum for the Blind

\$202.00

The grant maximum is \wedge unless there is need for attendant care in which case an additional amount up to \$300 a month may be allowed.ATD | .112 Grant Maximum for the Disabled

There is no statutory maximum.

OAS | .113 Grant Maximum for the Aged

\$195.00

The grant maximum is \wedge unless there is need for attendant care in which case an additional amount up to \$300 a month may be allowed.

Effective 2/1/70

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FINDING OF EMERGENCY

The following regulations are emergency measures necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

Revisions of Eligibility and Assistance Standards Regulations Sections 44-207, 44-208 and 44-209 governing standards of assistance for Old Age Security (OAS), Aid to the Blind (AB), and Aid to the Disabled (ATD) recipients;

Revisions of Eligibility and Assistance Standards Regulation Section 44-311 concerning maximum aid payments for such recipients;

Department Bulletin No. 653 - Regarding: Cost of Living Increases.

The following facts constitute the emergency with respect to the regulations listed above:

1. Cost-of-living increases of \$4 a month for OAS, AB and ATD recipients were authorized effective December 1, 1968. In computing these increases, the medical care factor was excluded from the indices of the cost-of-living as published by the Bureau of Labor Statistics.

2. On December 16, 1969, the Court of Appeal of the State of California in and for the Third Appellate District issued a Writ of Mandate directing aid increases in the full amount reflected by the cost-of-living indices.

3. Adoption of the Bulletin described above with immediate effect will bring about compliance with the Writ of Mandate for the period beginning December 1, 1968. Adoption of the revisions to the Manual Sections listed above with an effective date of February 1, 1970 will comply with the Writ of Mandate by providing for the necessary adjustments in the Standard of Assistance and the maximum aid payments.

4. Failure to amend the regulation sections listed above and to adopt the Bulletin would constitute a deliberate failure to comply with the law as interpreted by the Appellate Court and would, therefore, necessarily be contrary to the public health, safety and general welfare.

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State Department of Social Welfare

(Agency)

Dated: December 23, 1969

By:

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

DEC 30 1969

At 12:52 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By: Assistant Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.
These regulations do not contain any building regulations.

10-203 STAFFING STANDARDS (Continued)

10-203

.32 Following Separation of Income Maintenance and Service Functions

.321 The number of first-line Supervisory Social Work positions in the approved county budget which the county welfare director is authorized to fill shall be sufficient to insure an average of five Social Workers or less assigned to each Social Work Supervisor position in the Services Unit. (See Section 10-203.312.) For public adoption agencies see Section 10-203.331 below.

.322 The number of Social Worker positions in the approved county budget which the county welfare director is authorized to fill shall be sufficient to insure an average of 60 Service cases or less for each Social Worker position. For public adoption agencies see Section 10-203.332 below.

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10-203 STAFFING STANDARDS (Continued)

10-203

- .323 The number of eligibility worker and eligibility supervisor positions necessary to assure maintenance of acceptable performance levels in the income maintenance and eligibility control functions shall be determined by the county, taking into account the availability of clerical and other supportive processes, and shall be submitted in the county plan subject to approval by SDSW as standards which the county will maintain.

Maintenance of acceptable performance levels shall be measured by taking into consideration the findings of the eligibility control system, promptness in processing applications and paying aid, currency of reinvestigations, appropriateness of identification and referral of persons for service assessment, and such other factors as the SDSW shall establish as appropriate indicators of performance.

.33 Staffing Standards Public Adoption Agencies

- .331 The number of first-line supervisory social work positions in the approved county budget which the county welfare director is authorized to fill shall be sufficient to insure an average of six or less social workers assigned to each social work supervisor position.

When the required number of social worker positions is divided by six and the remainder is four or more, an additional supervisory position shall be required. When the remainder is less than four, an additional supervisory position is not required.

- .332 The number of approved social worker positions shall be determined by the SDSW adoption yardstick.

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FINDING OF EMERGENCY

The revisions of the regulations of the State Department of Social Welfare contained in Section 10-203 of the Operations Policies and Procedures Manual are emergency measures necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

The following facts constitute the emergency:

1. During the current calendar quarter of October through December 1969, the claiming of federal participation in the cost of public adoption programs has become feasible.

2. In order to secure such federal funds for the above-mentioned quarter, regulatory changes conforming to federal requirements must be incorporated into the "State Plan" required of the Department by Section 402 of the Social Security Act prior to December 31, 1969.

3. The amount claimed will exceed two million dollars for the quarter in question.

4. Any failure to secure maximum federal participation would require the state to bear the entire cost of the particular programs and would, therefore, necessarily have an adverse effect on the public health, safety and general welfare of the people of this state.

The revisions described above must, therefore, be adopted as an emergency regulations effective immediately upon filing with the Secretary of State.

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Dated: December 31, 1969

By: *Robert M. ...*

Director

(Title)

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In the office of the Secretary of State
of the State of California

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At 4:30 o'clock P.M.

FRANK M. JORDAN Secretary of State

By: *J. P. ...*
Assistant Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

FINDING OF EMERGENCY

Changing the effective date of the following regulations, filed October 2, 1969, from that of January 1, 1969 to May 1, 1970, is an emergency measure necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

California Administrative Code, Title 22, Division 2, Subdivision 4, Chapter 3, Sections 34002, 34003, 34004, 34007, 34021, 34023, 34024, 34025, 34026, 34027, 34028 renumbered from former 34027 and revised, 34040, 34041, 34065, 34066, 34066.1, 34067, 34068 renumbered from former 34067 and revised, 34068.1, 34068.2, 34068.3, 34068.4, 34068.5, 34070, 34227, 34229.

The following facts constitute the emergency:

1. Notwithstanding the fact that a public hearing on the subject of the adoption and revision respectively of the regulations listed above was held in December of 1968, and that the regulations as adopted and revised were published in October of 1969, it has only come to light within the latter part of December of 1969 that enforcement of these regulations as adopted or revised effective January 1, 1970, will create serious administrative and law enforcement difficulties in that a substantial number of day care facilities for children will find themselves unable to meet the standards set out in these regulations.
2. Failure of the facilities to comply with the revised standards as of January 1, 1970, would jeopardize the current licenses of these facilities which would therefore find themselves confronted with the choice between defiance of the regulatory authority of the State Department of Social Welfare or suspension of operation until such time as the standards can be met.

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(Pursuant to Government Code Section 11380.1)

3. The State Department of Social Welfare faces an equally troublesome choice: Facilities for day care of children are in short supply and are badly needed, so that unwarranted closing of facilities is contrary to the public interest. However, forbearance of the enforcement of regulations currently in effect is likewise contrary to the public interest.
4. The primary purpose of regulations governing day care facilities for children is the public health, safety and general welfare. The consequences detailed in the foregoing paragraphs 2. and 3. therefore necessarily and clearly jeopardize the public health, safety and general welfare.
5. Deferment of the effective date of adoption or revision, respectively, of the regulations listed above to May 1, 1970, will make possible the resolution of the dilemmas described in paragraphs 2. and 3.

The change in effective date from January 1, 1970, to May 1, 1970, of the regulations adopted or revised, respectively, and listed above, must, therefore, be made effective immediately upon filing with the Secretary of State.

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RECEIVED FOR FILING

JAN 2 - 1970

Office of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.1)

JAN 2 - 1969

Office of Administrative Procedure

Copy below is hereby certified to be a true
and correct copy of regulations adopted, or
amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: December 31, 1969

By:

Robert Thant

Director

(Title)

FILED

in the office of the Secretary of State
of the State of California

JAN 2 - 1970

At 10:16 o'clock

FRANK M. JORDAN, Secretary of State

By: *[Signature]*
Assistant Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

40-100 GENERAL

40-100

40-101 GENERAL POLICIES AND PRINCIPLES

40-101

AB
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MN.1 General Policies and Principles

Assistance is to be administered in a manner which is consistent with and will help achieve basic program purposes; which respects individual rights under the U. S. Constitution, State and Federal laws and which does not violate individual privacy or personal dignity.

The following policy and principles govern the public social services.

.11 Assistance is to be administered promptly and humanely, with due regard to the preservation of family life and without discrimination on account of race, religion, or political affiliation. Assistance is to be so administered as to encourage self-respect, self-reliance, and the desire to be a good citizen useful to society.

.12 It is the responsibility on all who are concerned with the administration of aid to do so with courtesy, consideration, and respect toward applicants and recipients and without attempting to elicit any unnecessary information. Administrative duties should be performed in such a manner as to secure for every applicant and recipient the maximum amount of aid to which he is entitled under the law.

.13 All applications and records are confidential and are not open to examination for any purpose not directly connected with the administration of these programs.

.14 The provisions of the law relating to public assistance are to be liberally construed.

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(Pursuant to Government Code Section 11380.1)

40-101 GENERAL POLICIES AND PRINCIPLES (Continued)

40-101

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- .15 Aid is to be provided to every applicant in his own home or in some other suitable home of his own choosing, in preference to placing him in an institution.
- .16 Employment and self-maintenance of OAS, AB, or ATD recipients is to be encouraged whenever feasible. Participation is to be entirely voluntary on the part of the person and no pressure is to be exercised to obtain his participation. No OAS, AB, or ATD recipient is to be disqualified for assistance or otherwise penalized if he refuses to seek or accept employment.
- .17 There is to be no question, inquiry, or recommendation relating to the political or religious opinions or affiliations of an applicant or recipient.
- .18 Applications for public social services are to be reviewed promptly in accord with regulations prescribed by the State Department of Social Welfare, and when appropriate with regulations prescribed by the Department of Health Care Services.

40-103 DEFINITIONS AND DESIGNATIONS - GENERAL

40-103

AB
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- .1 Public Social Services (see definition in Section 10-007.3).

- .2 Services (see definition in Section 10-007.31.).

- .3 Aid

a) Cash grant for maintenance needs and medical assistance under the California Medical Assistance Program, b) medical assistance only for others ^{are} who A determined eligible under the California Medical Assistance Program. Aid is not interrupted by a change in the recipient's status from a cash grant to medically needy individual or family under the same program, or conversely from medically needy to a cash grant under the same program. Such a change requires no new application.

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40-103 DEFINITIONS AND DESIGNATIONS - GENERAL (Continued)

40-103

.4 Applications for Aid

AB
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An application is a request for aid made to the county ^{welfare} department, either by the applicant or on his behalf. Applications are as follows:

- .41 New - The applicant has not previously applied for the same aid in the same county.
- .42 Restoration - The applicant was a recipient of the same category of aid in the same county and his grant has been discontinued for 12 months or less at the time of the current application.
- .43 Reapplication
 - a. The applicant's previous application for the same aid in the same county was withdrawn or denied, or
 - b. The applicant is a former recipient of the same aid in the same county whose grant has been discontinued for more than 12 months at the time of the current application.
- .44 Appropriate Action on an Application - Appropriate action on an application includes authorization of a cash grant and certification for medical assistance to persons determined to be eligible; certification as a medically needy person or family eligible for medical assistance, or such other disposition as is indicated by the investigation, i.e., denial, cancellation, etc. (See Section 40-171.)
- .5 Applicant - The applicant is the individual, family, or child making (or on whose behalf is made) a new application for aid, a request for restoration of aid or a reapplication.
- .6 Inquiries - An inquiry is a request for information or a general request which is not an application. It is usually made without the individual indicating he is in need. It may include a request for information from a potential applicant or any other person or agency who desires information regarding public social services, eligibility requirements, points of agency policy, etc.
- .7 County or County Department - as used in these regulations means "County Welfare Department" unless otherwise designated.
- .8 Aid Programs

The aid programs in these regulations are defined in terms of basic program purposes as follows:

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40-103 DEFINITIONS AND DESIGNATIONS - GENERAL (Continued)

40-103

AB.81 Aid to the Blind - to provide financial aid on an individualized basis to blind persons 16 years of age and over. AB is the designator for this program.

APSB.82 Aid to the Potentially Self-Supporting Blind - to provide financial aid through aid to encourage blind persons 16 years of age and over to take advantage of and enlarge their economic opportunities to render themselves independent of public assistance and become self-supporting. APSB is the designator for this program. When the initials AB appear in these regulations, they shall also apply to APSB, unless specifically designated otherwise.

ATD.83 Aid to the Disabled - to provide financial aid on an individualized basis to disabled persons 18 years of age and over, thereby assisting these disabled persons in achieving their maximum potential for independent living, self-support, and self-care. ATD is the designator for this program.

OAS.84 Old Age Security - to provide financial aid on an individualized basis to persons 65 years of age or over, thereby assisting these aged persons in achieving their maximum potential for independent living and self-care. OAS is the designator for this program.

AFDC.85 Aid to Families with Dependent Children - to provide financial aid for children who lack financial support and care, to protect and preserve the family unit as the key to sound growth and development of children; to rehabilitate or to provide the opportunity for rehabilitation of the family whenever possible and to make available to children who cannot live in their own homes, the kind of care and treatment best suited to their needs. AFDC is the designator for this program.

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40-103 DEFINITIONS AND DESIGNATIONS - GENERAL (Continued)

40-103

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Medical Assistance Program - to provide health care services on an individualized basis for recipients of aid under the assistance programs under Sections 81 through 85 above and to other eligible persons thus promoting better health for those persons who are unable to pay in full for the cost of their medical care. MN is the designator for this program and is used in Eligibility and Assistance Standards for the convenience of the eligibility worker. Requirements and definitions for the California Medical Assistance Program are set forth in Medical Assistance Regulations, Title 22, California Administrative Code, Division 3.

40-105 APPLICANT AND RECIPIENT RESPONSIBILITY

40-105

AB
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.1 Assuming Responsibility Within His Capabilities

In the initiation of an application for assistance, the determination of initial and continuing eligibility, the applicant or recipient shall assume as much responsibility as he can within his physical, emotional, educational, or other limitations. Within his capabilities, he is responsible for:

- .11 Completing or participating in the completion of all documents required in the application process or in the determination of continuing eligibility.
- .12 Making available to the county all documents that are pertinent to his eligibility and are in his possession or available to him which are needed to determine eligibility or ineligibility. (See Sections 40-157)
- .13 Reporting all facts known to him which he believes to be material to his eligibility or which the county has identified to him as affecting his eligibility;
- .14 Reporting, promptly, any change in any of these facts.

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40-107 COUNTY RESPONSIBILITY

40-107

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MN.1 Assisting the Applicant

The county is responsible for assisting the applicant or recipient in understanding his rights and his responsibilities in relation to application for aid; for evaluating the capacity of the applicant or recipient to discharge his responsibilities as set forth in Section 40-105; for assisting him as needed in establishing his eligibility and helping him to realize the maximum personal independence of which he is capable, including self-care and self-maintenance.

.2 Arrangement for Substitute Payee, Guardian or Conservator

When there is need for a person to act as a substitute payee on behalf of a recipient or for protection in the form of guardianship or conservatorship, the county is responsible for assisting in the development of a satisfactory plan. This includes initiating the necessary procedures for appointment of a guardian or conservator when such is needed.

In planning for selection and appointment of someone to act in behalf of a recipient as a substitute payee, guardian or conservator, every effort must be made to protect the interests of the recipient and to avoid any possible conflict of interest. Because of the potential conflict of interest, aid payment may not be made on behalf of an individual to a person serving as substitute payee, or as guardian or conservator of the individual's estate if such person is also the administrator, operator or fiscal agent of a public or private facility providing care to the individual.

If it appears to be in the best interest of the individual, a staff person, preferably in a unit or division of the county welfare department or State Department of Social Welfare Community Services Division which is responsible for providing protective services, may serve as a substitute payee or may be appointed by the court to serve as a guardian or conservator of the recipient. Aid may be paid on behalf of the recipient to such substitute payee, guardian or conservator subject to the requirements and limitations specified in Section 44-307.712 for a county staff person who is selected to serve as substitute payee.

If a county staff person is appointed to serve as substitute payee, guardian or conservator of a recipient the county is responsible for taking all necessary precautions to prevent either potential or actual conflict of interest.

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40-107 COUNTY RESPONSIBILITY (Continued)

40-107

AB .3 Eligibility Determination
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The county is responsible for eligibility determination which includes a determination of the financial and medical needs of the applicant and the development and carrying out of plans for meeting such needs within the limitations of the W&IC, the regulations of the State Department of Social Welfare and the regulations of the Department of Health Care Services.

.4 Notification of the Right to a Fair Hearing

At the time aid is granted or denied and whenever there is a change in eligibility or amount of payment, the recipient shall be advised of the right to request a fair hearing. If the recipient expresses dissatisfaction, the county shall make every effort to resolve the problem. However, if he chooses to have a fair hearing, the county has the further responsibility to assist him in the preparation of the fair hearing request, and of advising him of his right to be represented by counsel or other authorized representative as set forth in Chapter 22-000.

40-109 APPLICANT RIGHTS WITH RESPECT TO APPLICATION FOR AID — GENERAL

40-109

1 Right to Apply for Aid

Subject to the limitations set forth in Section 40-117, any person has the right to apply for aid, either on his own behalf or on behalf of another, including an unborn. An applicant who appears ineligible must still be allowed to exercise his right to make an application.

.2 Right to Choose Type of Aid

A person who believes he meets the eligibility requirements for more than one category of aid has the right to choose the type of aid for which he will apply except for AB and APSB as provided in Section 40-125.6.

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40-109 APPLICANT RIGHTS WITH RESPECT TO APPLICATION FOR AID - GENERAL (CONTINUED) 40-109

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.3 Right to Be Considered for Another Program

If a recipient becomes ineligible for the type of aid he is receiving but appears eligible under another public social service program, his request for aid under such other program is to be recorded and any required additional investigation completed promptly so that there will be no interruption in aid payments to him. (See Regulation Section 40-117.) If an eligible recipient in one program appears to be eligible for aid in another program and wishes to take advantage of such eligibility, the same procedure shall be followed except for AB and APSB as provided in Section 40-125.6.

.4 Applicant's Right to Self-Determination

.41 The right to be self-determining is of paramount importance for the individual in clarifying when, how, and what he wants for himself. However, his freedom of choice may be limited by his capacity for self-determination and by the function of the agency as expressed in law and regulations.

.42 It is necessary to respect his right to accept or reject what the agency has to offer him.

40-115 THE APPLICATION PROCESS

40-115

.1 Purpose

AFDC

The basic purpose of the application process is to assist the individual in establishing his eligibility for aid and services.

.2 Steps in the Application Process

.21 Discussion of Circumstances Leading to Application

.211 The individual with the help of the worker tells why he is applying for aid or services, the worker explaining agency requirements, program limitations, the applicants' rights and responsibilities and what he can expect from the agency.

.22 Exploration of Eligibility

.221 The applicant makes the decision to continue the process of establishing his eligibility.

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40-115 THE APPLICATION PROCESS

40-115

AFDC

- .222 The burden of proof of eligibility rests with the applicant insofar as he has the capacity to assume this responsibility. In AFDC it is important for two reasons that wherever possible the parents be drawn into the eligibility determination process:
- a. The parents' financial and other circumstances, as well as the child's, determine eligibility;
 - b. Participation by the parents is essential to strengthening or restoring the family as a self-directing unit.
- .223 The agency is responsible for offering and providing all assistance needed, including gathering and preparing all of the proof.
- .224 The application process is not complete until all the evidence is in.

AFDC
MN.23 Decision

- .231 At the point of decision the basic responsibility passes from applicant to the agency.
- .232 The agency must evaluate all of the evidence (See Section 40-157).
If eligibility is clearly established, aid is authorized and the
eligible persons certified for medical assistance.
- .233 If it is determined the applicant is ineligible for a cash grant, determination of eligibility or ineligibility for certification as a medically needy person or family is required before action is taken on the application.

.24 Authorization of AssistanceAFDC
MN

- .241 The next step in the application process concerns only approved applications. This step includes the following:
- a. Authorization of assistance to a person who has been determined to be eligible for a cash grant;
 - b. The administrative procedure to assure payment to a new recipient promptly; and
 - c. Certification for medical assistance.

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(Pursuant to Government Code Section 11380.1)

40-117 WHO MAY APPLY

40-117

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.1 Right to Initiate an Application

.11 Any person has the right to apply for aid for himself.

.12 A request for aid made ^{by another person} on behalf of ^{a living applicant} shall be accepted as an application if:

.121 The request is made by the applicant's guardian, or conservator, or

.122 The applicant is unable to apply on his own behalf, and the application is made at his request, provided he is capable of making such request; (if, in the judgment of the county, the applicant is incapable of making such request, this requirement is waived).

AFDC .2 Right to Initiate an Application

MN

.21 ~~Any~~ person acting on behalf of a family or a child, including the unborn, who believes the family or child to be in need has a right to request aid.

.22 Even though, in an emergency, some other person or agency signs the application, every effort should be made to obtain the parent's signature on the affirmation.

.23 Any person has the right to apply for aid subject to the following limitations:

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40-117 WHO MAY APPLY (Continued)

40-117

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- .231 Every effort should be made to obtain the parent's signature on the application even though, in an emergency, some other person or agency signs the application.
- .232 The Child Living with a Parent or Relative - The relative shall sign the application for the family or child.
- .233 The Child Living in a Boarding Home or Institution - The application shall be signed by the parent or guardian if available.
- .234 The Family or Child Absent from the State - A request for aid is recorded as an application only if the continued absence of such family or child is beyond their control.
- .235 The Family or Child for Whom the Parent or Relative is Unavailable or Unable to Apply - An application may be made on behalf of a family or child or by other than the parent or relative when:
- a. The request is made by a guardian.
 - b. The request is made with the knowledge and consent of the parent or relative, and made by the person closest to the family or child who has knowledge of the needs of the family or child and knows of the desire of the family to apply.
 - c. The request is made by the person or agency which placed the child in a boarding home or institution.
 - d. The request is made by the representative of a public agency.
- .236 County Department Action - The county shall apply on behalf of a child in a boarding home or institution only when the parent, relative, or guardian is not available or is unable to apply.
- .237 A Child Who is Blind - A person acting on behalf of a blind child 16 years of age or over has the right to choose the type of aid for which he will apply.

.3 Application Previously Denied

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The individual whose application for AB, ATD, or OAS has been denied by reason of ineligibility may not again apply for the same program until the expiration of 90 days from the date the previous application was denied. The 90-day period shall be waived, with the consent of the county, or on order of the State Department of Social Welfare, or when the condition which caused his application to be denied has ~~changed~~ ^{materially}.

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40-119 HOW AND WHERE APPLICATION IS MADE

40-119

Application is ^{accepted if made} by the applicant in person, by telephone or
letter to the county in which the applicant lives. If he is physically
present in another county, the request for aid may be made to such other county
but is forwarded to the county in which the applicant lives where it is recorded
as an application. (See Sections ⁴⁰⁻¹¹⁷ and ⁴⁰⁻¹²⁵)

40-121 COMPLETING THE APPLICATION

40-121

.1 Date of Application

The date of the application for aid is the date on which the verbal request for aid is made to the county. When application is by letter, the date the letter is received by the county is the date of the application.

.2 Recording the Application

The application shall be recorded at the time the applicant, or someone properly acting on his behalf first requests aid as provided in Section 40-119. Exceptions to this requirement are:

- .21 When an application or request for restoration has been denied and corrective action is to be taken, aid is then granted on the same application or request for restoration which was previously denied. (See Regulations regarding denial actions subject to correction, Aid Payment Chapter.)
- .22 When granting of aid is ordered by SDSW following a fair hearing.
- .23 When aid is restored under W&IC Section 12056 (see Section 40-171).

.3 The Application Form

The application is recorded on the Form ABCDM 200. A copy of the completed application shall be given to the applicant at the time he applies.

Application Form ABCDM 200 shall not be required for:

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40-121 COMPLETING THE APPLICATION (Continued)

40-121

AB
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- .31 A request for restoration of aid
- .32 Any application (new, restoration, or reapplication) that is also an intraprogram status change or interprogram transfer. (See Sections 40-183 and 40-185)
- .33 Any intercounty transfer (See Section 40-187)
- .34 A request to add a child including the unborn child, to the Family Budget Unit in AFDC.

These requests shall be recorded in the case record when received and shall be acted upon promptly. Aid for additional children shall be authorized promptly upon completion of the evaluation of the child's eligibility. The child's name is recorded on the next affirmation.

40-126 PROMPTNESS REQUIREMENT

40-126

The determination of eligibility shall be completed and appropriate action on the application taken as rapidly as possible and within not more than 30 calendar days (60 days in ATD) starting with the first day after the filing of the application. In AB and ATD the determination of eligibility with respect to factors other than blindness or disability shall proceed concurrently with the determination of blindness or disability.

Inability to complete the determination of eligibility within the 30-day period (60 days in ATD) shall not be a basis for denying the application. (See Section 40-171.12) The specified time limit may be exceeded in situations where completion of the determination of eligibility is delayed because of circumstances beyond the reasonable control of the agency, e.g.,

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40-126 PROMPTNESS REQUIREMENT (Continued)

40-126

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AFDC
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- .1 Failure, delay or inability on the part of the recipient to provide necessary information or data at hand raise a question as to eligibility.
- .2 Failure or delay on the part of an examining physician to provide all needed information.
- .3 Application is made prior to the date on which the applicant meets the eligibility requirements and the 30-day period (60 days in ATD) terminates before the applicant meets such requirements. (See Section 40-171 regarding application held pending eligibility.)

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40-127 THE SIMPLIFIED ELIGIBILITY METHOD

40-127

(For definition and description, see Section 10-505.1.)

.1 Applicant's Statement of Facts - General

The applicant or recipient's Statement of Facts (Form ABDM 201) shall be accepted as a basis for decision regarding his eligibility, amount of grant or share of cost except in relation to blindness and disability (see Sections 42-100 and 42-200), or when the ABDM 201 is incomplete, unclear, or inconsistent. (See Section 40-157.)

.2 Statement of Facts Procedure

The general procedural steps related to use of the statement of facts are:

- .21 The statement of facts forms are sent or given to the applicant with explanatory material including explanatory Form ABDM 201-A. (See Section 40-128.)

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(Pursuant to Government Code Section 11380.1)

40-127 THE SIMPLIFIED ELIGIBILITY METHOD (Continued)

40-127

AB .22 Controls shall be established to assure follow-up if the statement of
ATD facts is not returned. All reasonable assistance shall be given to the
OAS applicant for prompt completion of the statement of facts.
MN

.23 When the Statement of Facts is returned it shall be evaluated by the
agency and eligibility or ineligibility determined. If the Statement
of Facts is incomplete or inconsistent, further clarification shall
be obtained as provided in Section 40-157.

If the applicant is determined to be eligible for a cash grant, aid
shall be authorized. The amount of the grant shall be determined on
the basis of the completed Statement of Facts and appropriate regula-
tions. The applicant shall also be certified for medical assistance.

If the applicant is determined to be ineligible for a cash grant,
eligibility or ineligibility for certification as a medically needy
person shall be determined before action on the application is taken.

.24 Service needs or possible service needs shall be ^{identified} as set
forth in Section 10-501.4 and service referrals completed when
indicated. Certain questions on the statement of facts form
provide clues of need for services. When the response
to these questions indicate possible need for service referral, ^{such}
referral shall be made by means ^{as a result of}
of Form 261 unless consultation with the
eligibility supervisor ^{it is} determined that such referral does not meet
the existing criteria for services. In such case, the reason for
not referring shall be recorded on the statement of facts form.

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40-127 THE SIMPLIFIED ELIGIBILITY METHOD (Continued)

40-127

AB .3 Eligibility Control

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The statement of facts form indicates to the applicant or recipient there is the possibility of a full field investigation in the event his case is selected for review and his signature on the form authorizes such an investigation. (See Division 15 and Section 40-157.)

Principles and methods set forth in Section 40-157 govern all investigations to substantiate eligibility.

40-128 APPLICANT'S AFFIRMATION OR STATEMENT OF FACTS

40-128

AB .1 Filing of Appropriate Form 201

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- .11 The applicant, in support of his application, shall complete, sign, and file with the county his statement of facts pertaining to his eligibility (Form 201). This statement may be filed with the county at the time of the application or at any subsequent time prior to completion of the ^{determination of eligibility.} If the applicant is in "immediate need," see Section 40-129.

AFDC

- .111 A copy of the Affirmation of Eligibility is to be given to the applicant ^{if he so desires} or to the guardian, conservator, or other person completing it at the time it is filed.

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- .112 Two copies of Form ABDM 201 and attached ABDM 201A shall be available to applicants and recipients ^{on request} but only one copy of Form 201 shall be required to be completed, signed, and returned to the county welfare department.

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- .12 A change in an Aid recipient's status from that of a medically needy person certified for medical assistance to that of a grant recipient does not require a new application. A Form 201 is required in such case before a cash grant is authorized only as provided in Section 40-183.5.

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F CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

40-128 APPLICANT'S AFFIRMATION OR STATEMENT OF FACTS (Continued)

40-128

.2 Who May Sign

AFDC

Every effort should be made to obtain the parent's or guardian's signature on the affirmation regardless of who signed the application. In the following instances a relative or responsible social agency may sign:

- .21 The child has been relinquished for adoption.
- .22 There is no parent or guardian.
- .23 The parent has been legally deprived of the child's custody.
- .24 The parent cannot be located or is not available to sign.

.3 Applicant Unable to Complete and Sign Form 201

AB
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- .31 Form 201 and other documents relating to eligibility are not to be signed by an applicant who appears unable to comprehend the significance of an application for public assistance, to manage his own resources and/or to enter into the procedure of establishing his eligibility. If the applicant has a conservator or guardian of his estate, Form 201 and other documents essential to eligibility determination must be completed and signed by such guardian or conservator of his estate, Form 201 and such documents may be completed on his behalf by a relative, a close personal friend, or by a representative of a public agency provided such person has all the necessary knowledge of the applicant's circumstances and is willing to affirm thereto.
- .32 When the Form 201 and other documents are to be completed by a representative of the county, on behalf of the applicant, another representative of the county shall, as a protection to the county and to the representative acting for the applicant:

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(Pursuant to Government Code Section 11380.1)

40-128 APPLICANT'S AFFIRMATION OR STATEMENT OF FACTS (Continued) 40-128

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- .321 Confirm by personal contact the applicant's inability to act in his own behalf, and
- .322 Countersign and approve any recommendation for authorization of aid payments.

.33 Inability of the applicant to act in his own behalf in completing Form 201 is, itself, evidence of the need for an immediate referral for service assessment, and a determination of whether there is need for a substitute payee or other protective services. (See Section 40-107).

.34 The applicant who is incapable of acting in his own behalf may or may not need a guardian or a conservator to act for him. This will depend on his individual circumstances including his social situation, the size of his estate, the availability of close friends or relatives who are able and willing to provide the protection needed and to act in the applicant's best interest.

40-129 IMMEDIATE NEED

40-129

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.1 Definition

"Immediate need" exists when the applicant's current income and/or liquid resources are insufficient to meet his expenses for food, clothing, shelter, medical care or other nondeferrable needs during the period of evaluation. (See Section 44-333.16.)

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40-129 IMMEDIATE NEED (Continued)

40-129

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.11 The county shall always be alert to situations of immediate need at the time of application whether by letter, telephone, or in person. The county shall inquire of the applicant as to his immediate situation and the means he has for meeting current necessities and obligations for living costs in order to determine whether he needs immediate aid. A similar determination shall be made for the medically needy person for whom a change in status to a cash grant recipient is requested or is otherwise indicated.

.12 Individuals presently receiving aid under any of the categorical aids are not considered to be in immediate need.

.2 Completion and Evaluation of Applicant's Statement of Facts (Form 201)

The appropriate Form 201 shall in all instances be completed before aid is authorized. When such form is completed, the county shall immediately review it and if necessary, clarify with the applicant any questions there may be regarding it.

.3 Evaluation of Medical Eligibility in ATD.

ATD In ATD, apparent eligibility may be found only if one or a combination of the following conditions exist:

- a. Permanent bedfast or chairbound state as established by medical diagnosis.
- b. Physical absence or permanent paralysis of two or more limbs (paraplegia or quadriplegia).
- c. Cerebral palsy with marked speech impairment and inability to control extraneous movements of two or more limbs.
- d. Demonstrated need for and supervision by reason of very advanced age or placement in a board and care home for a condition which is not remediable in nature.
- e. Mental retardation with documented evidence of IQ under 60.
- f. Verified advanced bone diseases which produce obvious deformity and permanent inability to function regularly without such aids as canes, crutches, or permanent braces.

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40-129 IMMEDIATE NEED (Continued)

40-129

ATD

- g. Markedly restricted activities of daily living by reason of documented chronic severe heart disease (AHA Class IV D) which is unlikely to improve through any generally accepted medical or surgical treatment.
- h. Documented severe pulmonary insufficiency, in spite of adequate medication, caused by chronic advanced emphysema, extensive lung fibrosis, surgical removal of one lung (pneumonectomy) or other verified physical diagnoses. (It may be noted that client becomes short of breath on slight exertion or even at rest.)
- i. Advanced paralysis agitans (Parkinson's disease), with marked tremor, rigidity and impaired walking (festination).
- j. Documented advanced neurological or muscular diseases identified as advanced dystrophies or atrophies. There should be one or more obvious signs of difficulty in walking (ataxia), wasting (atrophy), severe contractures, or marked weakness. Among the diseases considered here are multiple sclerosis, amyotrophic lateral sclerosis, myasthenia gravis, muscular dystrophy, Huntington's chorea, and Friederich's ataxia.
- k. Terminal or inoperable cancer (neoplastic malignancy) when clearly verified by hospital or physician's records. This includes uncontrollable Hodgkin's disease, lymphosarcoma and acute leukemia.
- l. Total or severe bilateral deafness existing from childhood without the ability to speak or communicate.
- m. Severe mental illness (psychosis) documented by a psychiatrist, which developed before age 18 and required multiple hospitalizations, one of which has been within the past year. (Not included are neuroses and personality disorders.)
- n. Any individual who has been in a state hospital for three or more years and who is being placed on leave in a facility licensed by DMH or a supervised placement such as a family care home.
- o. Documented far advanced diabetes which, in spite of treatment, has produced severe secondary damage to vision, internal organs or has required the surgical amputation of a leg.

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(Pursuant to Government Code Section 11380.1)

40-131 INTERVIEW REQUIREMENT

40-131

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.1 Interview Required Prior to Granting Aid

A face-to-face interview with the applicant is required prior to the granting of aid (see Section 10-501.3). For the home visit requirement in AFDC, see Section 40-161.

.2 Inability of Applicant to Participate in Interview

When the applicant's appropriate Form 201 is to be completed on his behalf by a guardian, conservator, or other person as provided in Section 40-128, the application interview must be with such guardian, conservator, or other person and also with the applicant unless the applicant is unable to participate because of his physical or mental condition. The applicant's inability to participate in the interview must be determined by the county through personal contact with the applicant. Such personal contact is required before aid is authorized.

.3 Content of Application Interview

The application interview shall include discussion of the following as pertinent:

- .31 The meaning of the eligibility requirements (both cash grant and medical assistance) with particular reference in the adult programs to those items on the Form 201 identified with a §.
- .32 The applicant's responsibility for reporting all facts and for notifying the county immediately of all changes of circumstances material to a correct determination of eligibility and grant.

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(Pursuant to Government Code Section 11380.1)

40-131 INTERVIEW REQUIREMENT (Continued)

40-131

AB
ATD
OAS
AFDC
MN

- .33 The joint responsibility which the county and the applicant have for exploring all the facts concerning eligibility, needs and income, and the circumstances under which the applicant will be held responsible for presenting records or documents in his possession to support his statements.

This includes the circumstances under which the applicant will be asked to secure statements of their earnings and deductions from their employers and to report both to the county.

- .34 The confidential nature of all information given.

- .35 The kinds of evidence which may be needed to establish eligibility.
(See Section 40-157.)

- .36 The fact that an investigation may be undertaken with the full knowledge and consent of the applicant. ^{adult-aid} Some cases may be selected for field investigation. In AFDC, all cases are subject to a field investigation.

- .37 The purpose and provisions of appropriate public social service programs. (See Services regulations.)

- .38 The availability of appropriate services and resources within the agency.

- .39 The availability of assistance or service under some other program either public or private if the needed assistance or service cannot be met by the county department.

- .40 The right to request a fair hearing in relation to any action or inaction of the county, including a verbal explanation, in a manner and language which the applicant understands, of the nature of the fair hearing process.

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(Pursuant to Government Code Section 11380.1)

40-131 INTERVIEW REQUIREMENT (Continued)

40-131

AFDC | .41 The responsibility of the parent for his children.

AB | .42 The role of the county and the role of the SDSW in the determination
ATD | of blindness or determination of disability process.
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40-157 PRINCIPLES AND METHODS OF SUBSTANTIATING ELIGIBILITY

40-157

AB | .1 Simplified Eligibility Method
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The applicant or recipient's statement of facts (ABDM 201) is accepted as a basis for decision as provided in Section 40-127 unless the statement is incomplete, unclear, or inconsistent. If the ABDM 201 is unclear, incomplete or inconsistent, or other circumstances in the case indicate,

further inquiry should be made. The county shall assist the individual to clarify the facts and, if possible, to present a clear, complete, and consistent statement. If the individual cannot clarify the situation, the county shall obtain additional substantiation. The principles and methods set forth below shall be observed when such further inquiry or substantiation is necessary. Similarly they are to be observed in all instances and verifications made under Eligibility Control. (See Division 15.)

AB | .2 Principles of Investigation
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.21 All information secured in the process of determining eligibility shall be evaluated in light of its internal consistency.

.22 Each piece of evidence shall be evaluated in light of the motives and adequacy of knowledge of the person completing the record or document or making the statement.

.23 Evidence shall be evaluated qualitatively rather than quantitatively.

.24 When evidence is conflicting, inconsistent or incomplete, the investigation shall be pursued to the point that the preponderance of evidence supports the decision as to eligibility.

.25 The SDSW evaluates all examination reports made to determine the degree of blindness in AB, or disability in ATD unless this is not required under circumstances specified in Chapter 42-200.

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(Pursuant to Government Code Section 11380.1)

40-157 PRINCIPLES AND METHODS OF SUBSTANTIATING ELIGIBILITY (Continued)

40-157

.3 Methods of Investigation

AB
ATD
OAS
AFDC
MN

- .31 The exploration of facts relating to eligibility of the applicant is a joint responsibility of the applicant and the county. Documents and other forms of information in the applicant's possession or readily available to him are to be considered before the evaluation is extended to other sources. To the extent that such evidence appears to be reasonably reliable, complete, and consistent, it shall be accepted as establishing eligibility.
- .32 Other sources of information are to be sought only when the applicant does not have information and other evidence to support his application, or when such information and evidence as he is able to give is contradictory or inconclusive. In such case, the investigation is to be directed toward obtaining the most readily available reliable evidence for determining eligibility and need.
- .33 The applicant or recipient shall to the extent he is able, assume responsibility for obtaining such additional information and evidence as is needed in the investigation process. However, when he is unable to assume this responsibility in full or in part, the county shall take the initiative in obtaining the information and evidence.
- .34 All such further investigation, including any necessary contacts with collateral sources, shall be undertaken only with the full knowledge of, and agreement by, the applicant and only following full explanation to the applicant of the information desired, why it is needed, and how it will be used.

When needed in such further investigation, and as evidence of the applicant's consent thereto, a specific consent form, signed by the applicant and, if necessary, by his spouse (by both parents in AFDC when this is possible) shall be obtained for each such contact. The consent form should cover the purpose of the specific contact as well as the individual or agency to be consulted. Form 228, Applicant's Authorization for Release of Information, may be used for this purpose. A signed consent form is not required when public records are used.

- .35 If the applicant is reluctant or unwilling to help resolve inconsistencies or questions concerning his eligibility or to have the county pursue the investigation on his behalf, his reasons are to be considered carefully with him. Such consideration will help assure mutual understanding of

the facts and why further investigation is needed. If he persists in refusing to resolve inconsistencies or to cooperate within his ability in establishing his own eligibility, the application shall be denied or the grant terminated.

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(Pursuant to Government Code Section 11380.1)

40-159 SPECIAL PROVISIONS FOR DETERMINING ELIGIBILITY

40-159

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.1 Aid Received Previously in Another County

When aid was received previously in another county, the determination of eligibility made by the prior county shall be used when the determination is sound; there is no evidence of fraud; and there is no material change in circumstances affecting eligibility.

.2 Aid Received Previously in Another Program

When aid was received previously under another public social services program, or as medically needy only, the determination of eligibility made under such other program is to be used, to the maximum extent possible, in determining eligibility under this program. (See Section 40-185 and Beginning Date of Aid sections.)

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.3 County Responsibility in Determination of Disability for ATD or Determination of blindness for AB

The decision regarding disability or degree of blindness rests with the SDSW (see Sections 42-100 and 42-200). In ATD, medical eligibility when immediate need exists shall be evaluated in accordance with Section 40-129.3. The county has the responsibility to assist

the applicant to establish the nature and extent of his disability or blindness and to provide the SDSW with an objective and comprehensive picture of pertinent facts. The county shall establish procedures and provide staff to help applicants promptly secure medical examinations. The county shall expedite the process of medical evaluation by giving the applicant any needed assistance in securing appointments by exerting special effort to secure reports promptly; and by related activities.

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(Pursuant to Government Code Section 11380.1)

40-161 HOME VISIT

40-161

AFDC | A home visit prior to approval of aid and prior to completion of a periodic determination of eligibility is required when living arrangements or other factors affecting eligibility, or apparent eligibility in cases of immediate need, cannot be satisfactorily determined without such ^a visit. (See Section 40-129.)

40-167 APPLICATION AND DETERMINATION OF ELIGIBILITY PROCEDURE
FOR APPLICANTS IN STATE HOSPITALS WHO ARE TO BE RELEASED

40-167

AB | The following procedure shall be followed for an applicant who is
ATD | ineligible to receive aid while he remains in a state hospital but
MN | who is to be released from the hospital. (See Section 40-163 for
the procedure to be followed for the OAS or ATD applicant who may
be eligible while remaining in a state hospital.)

.1 State Department of Mental Hygiene Responsibility

State Department of Mental Hygiene's responsibility prior to patient's release from state hospital:

- .11 Identifies persons in state hospitals who are apparently ready for community living and thus are to be discharged or released on leave of absence.
- .12 Plans in advance with the county where the patient will be living (See Sec. 40-125), if it appears such person will be in need of financial assistance following his release. Such advance planning is, wherever possible, to be initiated at least 60 days or more before the patient's release.

The patient who is to be released ^{on leave of absence} or discharge is considered to "live" in the county from which he was admitted to the institution. Wherever possible and consistent with a sound plan for the patient, the State Department of Mental Hygiene will endeavor to return him to the county from which he was admitted when he is released ^{on leave of absence} or discharge. However, such a placement plan is not always possible or in the best interest of the patient. If the released patient is to be cared for in a county other than the county from which he was admitted, the county from which admitted is still the county in which he is considered to "live" and primary responsibility for the public assistance case rests with that county. However, as provided in Section 40-125, the county in which he is to be cared for is also responsible for providing needed service to the patient.

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40-167 APPLICATION AND DETERMINATION OF ELIGIBILITY PROCEDURE
FOR APPLICANTS IN STATE HOSPITALS WHO ARE TO BE RELEASED

40-167

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- .13 Identifies immediately to the county any patient who does not have a guardian or conservator but it appears will need one.
- .14 Plans with the patient for living arrangements outside the hospital and informs the county of those arrangements.
- .15 Provides the county with all available information regarding the patient's needs, income, resources, close relatives, etc.
- .16 Informs the county of any significant changes such as a change in plan for the patient's discharge or release.
- .17 Informs the county welfare department immediately when the patient is discharged ~~or placed on leave~~, the date of such release, and the patient's address if different from that reported in earlier planning with the county.

.2 County Responsibility Prior to Patient's Release from State Hospital

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(See Section 40-125.3 re county responsibility for the person ^{or discharged} released from a state hospital.)

.21 The county shall:

- .211 Cooperate with the State Department of Mental Hygiene and the State Department of Social Welfare Community Services Division in advance planning for the patient in a state hospital who has been determined ready for release ~~on leave or absence~~ or discharge and who apparently will need public assistance following his release.

Social planning is a collaborative function of the State Department of Mental Hygiene (Hospital Social Service Department), the SDSW Community Services Division and the county. Counties will rely on the Community Services Division for assistance both in planning and in continuing supervision and help to the recipient during his community adjustment.

- .212 Assist, when requested by the State Department of Mental Hygiene or the SDSW Community Services Division, in locating satisfactory living arrangements for the patient in the local community.

During contacts with family and relatives, the county will learn of attitudes and relationships which will become the most significant part of the recipient's environment. If the family is frightened, hostile, or uninformed, or is involved in problems that will be harmful to the recipient's adjustment, the county should convey this information to the hospital social worker. The county may need to arrange for the family to visit the hospital for further interpretation and discussion, in case the hospital worker thinks this advisable before final plans are made for the person's release.

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40-167 APPLICATION AND DETERMINATION OF ELIGIBILITY PROCEDURE
FOR APPLICANTS IN STATE HOSPITALS WHO ARE TO BE RELEASED
(Continued)

40-167

AB
ATD
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.213 Accept and process applications for public assistance as rapidly as possible.

.214 Assist in arranging guardianship or conservatorship for the patient when need for such is evident. (See Item .13 above under Responsibility of State Department of Mental Hygiene and Section 40-128.)

.3 County Responsibility After Patient's Release from State Hospital

.31 Continue to provide financial and medical assistance to which the patient is determined eligible.

.32 Provide such other services as are appropriate and available to other public assistance recipients with emphasis on assisting the recipient to adjust to living outside an institutional setting and promoting self-care and rehabilitation.

.33 Continue to plan with the State Department of Mental Hygiene and SDSW Community Services Division to the end that there will be neither gaps nor duplication in the services provided for the individual recipient.

.4 SDSW Community Services Division Responsibility After Patient's Release from State Hospital

.41 Provide ^{social work} services and supervision related to the recipient's mental condition.

.42 Provide continuing consultation as needed to the county welfare department and/or to the operator of a foster home or boarding home where the recipient is living, such consultation to be in the nature of planning for and with the recipient to assist in his adjustment to community living.

.43 Plan with the county for any proposed change in the recipient's living arrangements or in services.

.44 Wherever possible, plan with the county before the patient is readmitted to the hospital and inform the county immediately when such readmission becomes necessary.

.5 Specific Application and Determination of Eligibility Procedure

When a person who is about to be released on leave of absence or discharged from a state hospital will be in need of financial assistance and wishes to apply for aid the application and investigation procedure is as follows:

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40-167 APPLICATION AND DETERMINATION OF ELIGIBILITY PROCEDURE
FOR APPLICANTS IN STATE HOSPITALS WHO ARE TO BE RELEASED (Continued) 40-167

AB
ATD
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.51 State Department of Mental Hygiene Initiates Application

Unless the county and state hospital work out a different mutually satisfactory procedure, the State Department of Mental Hygiene, acting on behalf of the applicant, applies for aid to the county where the applicant is considered to live. (See Section 40-125 and Section 12 above.)

.511 There is no guardian or conservator of the applicant's estate:

The State Department of Mental Hygiene -

- a. Prepares or assists the applicant in preparing in triplicate, the ABCDM 200 and ABDM 201.
- b. Transmits the original and one copy of these forms to the county (see d. below for ATD only).
- c. Files one copy in the applicant's hospital file.

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- d. Prepares in triplicate Forms DM-1A and DM-201B, and prepares or assists the applicant in completing the DM-201C in triplicate. The original of each form is sent to the state ATD Review Section; one copy is sent to the county with the ABCDM 200 and ABDM 201 and one copy is retained in the applicant's hospital file.

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.512 There is a guardian or conservator of the applicant's estate:

The State Department of Mental Hygiene

- a. Prepares, in quaduplicate, the ABCDM 200.
- b. Transmits the original and one copy to the county (see .525 below for ATD, only).
- c. Files one copy to the guardian or conservator.
- d. Sends one copy to the guardian or conservator.

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40-167 APPLICATION AND DETERMINATION OF ELIGIBILITY PROCEDURE 40-167
 FOR APPLICANTS IN STATE HOSPITALS WHO ARE TO BE RELEASED (Continued)

ATD
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- e. Prepares in triplicate Forms DM-1A and DM-2. The original of each form is sent to the state ATD Review Section, one copy is sent to the county with the ABCDM 200 and one copy is retained in the applicant's hospital file.

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52 Information to Accompany Application

The application by the State Department of Mental Hygiene will include or will be accompanied by:

- .521. A statement that the patient is ready for leave of absence or discharge and that it appears he will be in need of assistance.
- .522 A statement that application for aid is being made on behalf of the patient with his knowledge and consent (provided he is capable of such) or, if a guardian or conservator of the estate has already been appointed, that the application is being made with the knowledge and consent of such guardian or conservator. In such case, copies of the letters of guardianship or conservatorship are to be sent to the county with the application.
- .523 A resume of the social data in the hospital records and all significant information in the hospital records relating to financial and service needs of the patient and to eligibility factors such as residence, age, relatives, property (real or personal), income, etc.
- .524 Information as to the living arrangements which will be available for the patient when eligibility to aid has been established.

If it appears a guardian will be needed, the hospital social worker will provide the county with a statement to that effect at the time the application is initiated.

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40-167 APPLICATION AND DETERMINATION OF ELIGIBILITY PROCEDURE
FOR APPLICANTS IN STATE HOSPITALS WHO ARE TO BE RELEASED (Continued) 40-167

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ATD
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.53 County Responsibility for Determination of Eligibility

The county is responsible for the usual ^{determination} of eligibility and for granting or denying aid. The State Department of Mental Hygiene may be asked to obtain further information from the applicant or to make collateral calls in the county in which the institution is located.

If there is a guardian or conservator of the applicant's estate other than the state hospital, the county is responsible for securing the

ABDM 201 (see Section 40-128.3).

Wherever possible, the patient and/or his guardian or conservator are to be interviewed by a representative of the county during completion of the ^{determination} of eligibility.

If the person on whose behalf the State Department of Mental Hygiene has filed an application has no guardian of his estate but will need one, the county will, upon receipt of such an application, assist in arranging a satisfactory guardianship for the applicant. While efforts are being made to arrange guardianship, the county will proceed with the determination of eligibility. (See Section 40-128 re completion of the Form 201, when protective service in the form of guardianship is necessary.) When the Form 201 is completed by a guardian or by another person acting in behalf of the applicant as provided in Section 40-128, one copy of the form is given to such person and one is sent to the applicant in care of the Hospital Social Service Department.

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.54 Disability Factor - ^{ATD} Review Section

.541 Approval or Disapproval

^{ATD}
Upon approval or disapproval action by the SDSW Review Team on the disability factor, the DM-3 is sent to the appropriate state hospital in duplicate. (See .511d and .512e above.)

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40-167 APPLICATION AND DETERMINATION OF ELIGIBILITY PROCEDURE
FOR APPLICANTS IN STATE HOSPITALS WHO ARE TO BE RELEASED

40-167

ATD

MN

(Continued)

.542 Application Deferred for More Information

ATD

Whenever the state ^{ATD} Review Team defers for additional information the team sends the DM-3 in triplicate to the hospital. Another copy is sent to the welfare department for informational purposes. It is the responsibility of the hospital to supply the additional information to the ^{ATD} Review ^{Section} by sending it back to them attached to a copy of the DM-3. A copy of the additional material is attached to second DM-3 and sent to the county. The third copy is to be retained in the patient's hospital file.

If the hospital does not have the information requested by the ^{ATD} Review Team but believes this may be known to the county or that the county can secure the information requested, it is the hospital's responsibility to ^{ATD} contact the county and ask that the information be forwarded to the ^{ATD} Review ^{Section} in the usual manner. A copy of the additional information should be sent to the hospital at the same time it is sent to the ^{ATD} Review Section.

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.55 Verification of Plan for Patient's Release

Just prior to the granting of aid, the county obtains verification from the hospital that a plan has been completed for the applicant to leave the institution when aid is granted.

.56 Notification of County Action on Application

Immediately after county action either granting or denying aid, the applicant and/or the person acting in his behalf and the state hospital from which the applicant is to be given a leave of absence or discharge are notified of the action taken. If aid is granted and the applicant has no guardian of the estate, the first warrant is mailed to him in the state hospital. If there is a guardian of the estate, the warrant is mailed to the guardian.

.57 Verification of Patient's Release from Hospital

At the time the first warrant is mailed, two copies of Form ABD 235, Certification from State Department of Mental Hygiene of Applicant's Release from the State Hospital, are sent by the county to the State Department of Mental Hygiene for completion.

Upon release of the patient from the hospital, one copy of the completed Form ABD 235 is returned to the county paying aid.

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F FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

40-167 APPLICATION AND DETERMINATION OF ELIGIBILITY PROCEDURE
FOR APPLICANTS IN STATE HOSPITALS WHO ARE TO BE RELEASED

40-167

(Continued)

AB
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MN

.6 Eligibility and Participation Status for Patient on Leave of Absence or Discharged from State Hospital - Chart

Any patient on leave of absence from a state hospital or discharged from a state hospital may be granted Aid if he is otherwise eligible. However, patients in institutions licensed by the State Department of Mental Hygiene for care of the mentally ill are not eligible to receive ATD. Federal participation is not available in AB payments made to a person in an institution for the mentally ill. (See interpretation following Section 42-611.2)

Living Arrangements	Eligible for Aid	Federal Participation
.61 In own home including home with relatives or friends, board and room arrangements, hotel, etc.	Yes	Yes
.62 In board and personal care home, in institution licensed by SDSW for well aged, or in institution licensed by SDMH for care of the mentally retarded	Yes	Yes
.63 In any Family Care Home certified by SDSW or in an institution licensed by the SDMH for the care of six or less persons	Yes	Yes
.64 In institutions for seven or more persons licensed by the SDMH for care of the Mentally ill.	<u>AB</u> Yes <u>ATD</u> No	No

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40-171 ACTION ON APPLICATIONS, INTERPROGRAM TRANSFERS AND
INTRAPROGRAM STATUS CHANGES

40-171

.1 Application Held Pending

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.11 Action Deferred

When the individual, family, or child is ineligible at the time of application as provided in W&IC 11052 but it appears there will be eligibility within 60 days, action on the application is withheld. The applicant is notified of the withholding and of the date when action is to be taken. If the applicant is subsequently determined to be eligible, the beginning date of aid is determined as provided in the Aid Payment Chapter of these regulations.

ATD | .12 Applicant Becomes Eligible in 60 Days - Procedure
MN

When the applicant will become eligible within 60 days, medical and social data are to be submitted to the SDSW ATD Review ^{Section} as promptly as possible. (See Chapter 42-200.) When the period of ineligibility exceeds 60 days such medical and social data are to be obtained and submitted when the applicant reapplies for aid.

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.2 Actions - General

Actions on applications consist of approvals, denials, withdrawals, or cancellations.

.21 Application or Request for Restoration Approved

.211 Application Granted - General

If eligibility is established for a cash grant, payment of aid in a specified amount and to begin at a specified time, shall be authorized. ^{on} the date the determination of eligibility is completed.

(See Section 40-129 regarding applications granted on the basis of "immediate need" prior to the completion of the determination of eligibility.)

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40-171 ACTION ON APPLICATIONS, INTERPROGRAM TRANSFERS AND INTRAPROGRAM STATUS CHANGES (Continued) 40-171

AB
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.212 Certification for Medical Assistance

Every applicant who is determined to be eligible for a cash grant shall be certified for medical assistance. If eligibility for medical assistance only is determined, the application is granted but is designated as "medically needy" and the applicant is certified for medical assistance. Certifications are to be made as provided in Medical Assistance Regulations, Title 22, California Administrative Code, Division 3. (W&IC 14017) The effective date of certification is determined as provided in Section 44-317.

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.213 Restoration Following Discontinuance Due to Confinement in an Institution

Under this circumstance the county may elect to effect an "automatic restoration." To do this, two authorization documents shall be approved at the time aid is discontinued. On one form discontinuance is authorized. On the second form restoration of aid is authorized with no effective date specified. Upon release of the recipient from the institution the second authorization is completed by entering the effective date for restoration. (See Aid Payment Chapter.)

When aid is restored to a former recipient who has not during the period of discontinuance been known to the agency, the appropriate AEDM 201 shall be secured and any indicated determination of eligibility completed before aid is paid.

.22 Application or Request for Restoration Denied

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.221 County action shall be taken to deny aid if:

- a. Proof of ineligibility for a cash grant or for certification for medical assistance as medically needy is obtained. This does not apply when the applicant will become eligible within 60 days of his application. (See Section 40-171.11.)

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40-171 ACTION ON APPLICATIONS, INTERPROGRAM TRANSFERS AND INTRAPROGRAM STATUS CHANGES (Continued) 40-171

AB
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b. All reasonable facts concerning eligibility are examined without establishing eligibility.

c. The applicant's whereabouts is unknown.

d. The applicant fails to complete the appropriate Form 201.

ATD
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e. The applicant is an alien convicted of an overt act against the United States.

AFDC
MN

f. The parent refuses to accept reasonable employment or vocational rehabilitative training when either is appropriate.

(See Chapter 30-150.)

g. The parent who is available for employment and is physically and mentally able to work refuses to register for employment with the State Department of Employment.

h. The parent refuses to give necessary information or refuses reasonable cooperation with law enforcement officers in securing support from an absent parent.

i. Ineligibility occurs after the legal beginning date of aid but before action is taken to grant aid.

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j. The applicant establishes residence in another state before the determination of eligibility is completed.

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40-171 ACTION ON APPLICATIONS, INTERPROGRAM TRANSFERS AND INTRAPROGRAM STATUS CHANGES (Continued) 40-171

AB
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.23 Application or Request for Restoration Withdrawn

- .231 An application can be withdrawn only upon the voluntary initiative of the applicant or person applying on his behalf. The request for withdrawal shall be in writing.
- .232 There is no requirement that denial action be taken on an application which has been withdrawn.
- .233 Form DPA 8, Notice to Applicant Who Withdraws Application, is mailed or given to the applicant unless the county elects to take denial action, when the notification is by means of Form 239 or its equivalent.

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.24 Application or Request for Restoration Cancelled

- .241 An application or request for restoration of a cash grant is considered cancelled if the applicant dies before the determination is completed.

40-173 COUNTY DEPARTMENT RESPONSIBILITY FOR NOTIFYING APPLICANTS AND RECIPIENTS

40-173

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Immediately following county action, the applicant or recipient shall be (a) notified of any county action which relates to his application, affects aid payment to him or his certification for medical assistance, or affects aid payment to him or his family, and (b) informed of his responsibility for reporting facts material to the determination of his eligibility. Such notifications, advice, etc., shall be in simple understandable language. Required notifications are:

.1 Notice of County Action Granting Aid, Changing the Amount of the Grant or Changing the Recipient's Status

Use Forms 239 or 239A, Notice of Action. Form ABCD 239 may be used in lieu of the 239 or 239A to report county action authorizing a supplemental grant or changing status from a cash grant to MN. (See 40-183.)

.2 Notification When Application is Held Pending Eligibility

Use Form 239, Notice of Action. Form 239-C shall also be sent to the applicant as notification of his responsibility to report changes in his circumstances.

.3 Notice of County Action Denying, Withholding or Discontinuing Aid

Use Form ABCD 239, Notice of Action. (See section on Withheld Payment for additional information to be included on the required notification when the aid payment is withheld.)

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40-173 COUNTY DEPARTMENT RESPONSIBILITY FOR NOTIFYING APPLICANTS AND
RECIPIENTS (Continued)

40-173

AB
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AFDC
MN

.4 Notification When Application is Withdrawn

Use Form DPA 8, Notice to Applicant Who Withdraws Application. If the county elects to deny the application, use Form ABCD 239.

.5 Notice to Recipient of his Responsibility

Use Form 239 C, Important Notice to All Recipients, as specified below:

.51 At the time of the initial warrant on new cases or restorations.

.52 At least semiannually on all continuing cases.

.53 At other times when the county believes notification would be of particular significance. (See Sections 40-171 and 43-333.2)

.6 Confirmation of Guidance and/or Suggestions Regarding Sale of Property

Regarding the sale of his real or personal property, written confirmation shall be given to the applicant or recipient. Such written confirmation shall include a statement regarding the effect of the proposed sale on eligibility. A copy of such confirmation shall be filed in the case record.

40-181 CONTINUING ACTIVITIES AND DETERMINATION OF ELIGIBILITY

40-181

AB
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.1 General County Responsibility

.11. The county paying aid is responsible for continuing to determine eligibility to insure payment only to eligible recipients in the correct amount, to assist recipients to meet their financial and service needs as fully as possible, and to make maximum use of their resources and capacities. The decision as to the frequency of the determination is based upon consideration of all pertinent circumstances in each case. The determination shall not interfere with the prompt payment of aid unless there are reasonable grounds to suspect that a change has occurred which may result in ineligibility or in overpayment which could not be adjusted within the adjustment period.

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40-181 CONTINUING ACTIVITIES AND DETERMINATION OF ELIGIBILITY
(Continued)

40-181

AB
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MN

Aid shall not be withheld, suspended, or discontinued without compliance with Sections 44-325.42 and 44-325.43.

When circumstances beyond the control of the recipient prevent the return of his Form 201, aid shall not be discontinued.

AB
ATD
MN

When disability or blindness is the only eligibility factor that is in question, the person shall continue to be considered medically eligible until such time as an official notification from the State Department of Social Welfare is received by the county which declares he does not meet the disability or blindness requirements.

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.12. The county is responsible for continuing identification of service needs of the recipient, including medical assistance, and to provide prompt referrals for these services.

.13 Controls shall be set up for each item subject to change to insure that contacts are made at the right time. (See section on County Responsibility for Index and Control Files.)

.2 Periodic Determination of Eligibility

AB
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MN

.21 A determination of all circumstances of the recipient subject to change shall be made at least once annually whether or not certain aspects of the recipient's situation have been determined earlier. The due date shall be set according to any plan which provides for completion of such a determination not later than 12 months from completion of the initial determination or of the previous determination.

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40-181 CONTINUING ACTIVITIES AND DETERMINATION OF ELIGIBILITY
(Continued)

40-181

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MN

The initiation of the determination shall not be commenced more than 30 days in advance of the annual due date (60 days in ATD Group II cases when the determination of disability is to be made at the same time as the determination on other eligibility factors).

The procedures in Section 40-127 apply to the annual determination of eligibility, except when otherwise specified. Review of the prior record is limited to a comparison of the last previous Form 201 with the current Form 201 unless conflicts or inconsistencies in the new Form 201 indicate a need for review of the entire record. The statement of facts Form AFDM 201 shall be sent or given to the recipient when the determination is due.

.22 A determination shall be made not later than six months from the last determination except ^{eligibility in} cases designated as AFDC-U shall be determined at least every three months.

AFDC

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.23 The determination shall be considered completed as soon as the appropriate Form 201 has been reviewed and a decision has been made whether eligibility continues or ineligibility exists. The next due date for redetermination of eligibility shall be fixed in relation to this decision. In no event shall the decision on a completed Form 201 be delayed solely for the purpose of avoiding a change in the periodic due date of determination of eligibility.

.24 If a recipient's circumstances change in such a way that it is necessary to review certain aspects of eligibility before the periodic determination due date, it is desirable to complete the determination at that time even though the next periodic determination is not yet due. The next due date is then adjusted accordingly.

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CONTINUING ACTIVITIES AND DETERMINATION OF ELIGIBILITY
(Continued)

40-181

.3 Methods of Periodic Determination of Eligibility

AB
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OAS
AFDC
MN

.31 Regulations governing the method of the initial determination also govern all continuing and periodic determinations. (See Sections 40-157 and 40-161.)

.32 The reinvestigation shall include an interview with the parent or the AFDC person responsible for the child, preferably in the home, within a three-month's period prior to the completion of the reinvestigation. Services are provided and plans revised if indicated.

.33 The recipient's statements or the statements of his guardian or any other person acting for him and completing Form 201 together with information obtained from all other sources, shall be assessed in the light of facts previously known and in relation to potentials for change in eligibility status or amount of grant.

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.4 Determination of Eligibility During Absence From the State, County, or Country.

.41 A recipient who leaves the state, county, or country is responsible for informing the county paying aid immediately of his departure and of changes in his living plan, his income, and his needs. If absent from the state, he is also required to inform the county of his residence intent. If in the state, but absent from the county paying aid, he is required to give information from which the county can determine if intercounty transfer is in order (see Section 40-187 If the recipient leaves the state the county shall immediately determine his residence intent and take appropriate action as provided in Chapter 41-200.

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40-181 CONTINUING ACTIVITIES AND DETERMINATION OF ELIGIBILITY (Continued) 40-181

AB
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AFDC
MN

- .42 When a periodic determination of eligibility is due during a recipient's temporary absence from the state or county, the appropriate Form 201 shall be sent to a welfare agency in the locality. Such agency shall be requested to interview the recipient, secure the signed Form 201 and return it with a report on the recipient's plan regarding residence if out of the state, his living arrangements, and his current needs and income. In AB, ATD, OAS, the Form 201 shall be sent to the individual. The welfare agency in the locality shall be asked to interview the recipient only when clarification is needed and such clarification cannot be obtained directly from the recipient.

AFDC

- .43 If it is not possible to secure the signed form and report through the agency within a reasonable time, direct request shall be made to the recipient to submit a completed form with a statement of his intent as to residence if out of state, his living arrangements, income and needs.

AB
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AFDC
MN

- .44 If a periodic determination of eligibility is due within the transfer period (see Section 40-185) the county currently paying aid requests the ^{to} county to which the case is being transferred/make the periodic determination.

40-183 INTRAPROGRAM STATUS CHANGE

40-183

Each assistance program has the following integral parts:

- (a) cash grants for maintenance with medical assistance, and
- (b) medical assistance for the medically needy.

.1 Intraprogram Status Change - Defined

An intraprogram status change means change in status from one part of the same program to the other, i.e., from cash grant to medically needy and vice versa within the same program.

- .11 A new application is not required to affect such change.

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40-183 INTRAPROGRAM STATUS CHANGE (Continued)

40-183

AB
ATD
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MN

.2 Using Same Case Number and Record

It is recommended that the same case number and the same case record be utilized for aid and/or medical assistance certifications under either part of the program. The case is then designated by program as cash grant or medically needy, according to whichever is appropriate at the time.

.3 Circumstances in Which Status Change is Appropriate

An intraprogram status change is appropriate under the following circumstances:

.31 The recipient becomes ineligible for a continuing cash grant but is eligible for certification for medical assistance as a medically needy person within the same program or

.32 Circumstances of the person who has been certified as medically needy, change so that he is eligible for a cash grant for his maintenance needs within the same program.

.4 Change from a Cash Grant Recipient to Medically Needy

When the recipient becomes ineligible to a continuing cash grant but remains eligible for medical assistance as a medically needy person, the cash grant shall be discontinued. The discontinuance notice shall indicate that only the cash grant is terminated and that the recipient continues eligible as medically needy. Any necessary change in his certification for medical assistance to reflect his change in status from recipient to a medically needy person, shall be made.

.5 Change From Medically Needy to Cash Grant Recipient

Determination of eligibility to receive a cash grant is necessary before the status of a medically needy person may be changed to that of a cash grant recipient. If eligibility for a cash grant is established, the grant shall be authorized and the authorization document shall indicate a status change from medically needy to cash grant. Any necessary change in his certification for medical assistance, to reflect his change in status from a medically needy person to a cash grant recipient, shall be made. In such case ^{a new} Form 201 is required only when a periodic determination of eligibility is due or there has been some significant change in circumstances which give basis for questioning eligibility to a cash grant.

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40-185 INTERPROGRAM TRANSFERS

40-185

1 Interprogram Transfer - Defined

AB
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MAN
An Interprogram Transfer, is a transfer from one cash grant program to another, which is completed without interruption in aid payment.

2 When Interprogram Transfer Initiated

AB
ITD
OAS
MAN
An interprogram transfer is initiated when a recipient in one program appears to be eligible for aid in another program and wishes to take advantage of such eligibility; e.g., the OAS recipient appears eligible for AB.

- .3 When the interprogram transfer is from one adult program to another, a new Form 201 is required only if a periodic determination of eligibility is due, or it appears there has been a significant change in circumstances since the last Form 201 was filed. If the last Form 201 filed is used as a basis for determining eligibility in the new program, it shall be evaluated on those points of eligibility which represent program differences. If the interprogram transfer is to the blind or disabled program, the appropriate forms for determining disability or blindness shall be transmitted to SDSW for approval.

When the interprogram transfer is from AFDC to an adult program or vice versa, a new Form 201 shall be completed.

Transfer of the record to the new program is recommended, thus eliminating unnecessary duplication.

40-187 INTERCOUNTY TRANSFERS - GENERAL

40-187

.1 Definitions - Intercounty Transfers

Intercounty transfer is a transfer of responsibility for determination of eligibility and for provision of public social services from one county to another.

- .11 First County - The county currently paying aid or certifying for medical assistance as a medically needy person.
- .12 Second County - The county to which the recipient moves to make his home.

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40-187 INTERCOUNTY TRANSFERS - GENERAL (Continued)

40-187

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- .13 Third County - Any subsequent county to which the recipient moves to make his home prior to the expiration of the transfer period.
- .14 Transfer Period - The period during which the first county remains responsible for payment of aid or for providing medical assistance.
- .15 Expiration of Transfer Period - The end of the month in which the 60th day after notification to the second or third county occurs, or the end of the month in which aid is discontinued for cause, whichever is earlier. The 60-day period begins with the second county or a new 60-day period begins with the third county on the day following that on which the first county completes Form ABCD^M 215, Notification of Transfer. When the 60th day falls on a Sunday or a legal holiday, the following day is considered the last day of the 60-day period.
- .16 Date of Notification - The date the first county completes Form ABCD^M 215 to be sent to a second or third county. Completion of the ABCD^M 215 shall not be more than two days before it is mailed to the second or third county.
- .2 Responsibility for Payment of Aid and for Medical Assistance when Recipient Moves from One County to Another to Make His Home

There shall be no interruption or overlapping in payment of aid and provision of medical assistance as the result of a recipient moving from one county to another to make his home. The first county is responsible for continuing payment of aid and provision of medical assistance until the "transfer period," as defined in Section 40-187.15 above expires, at which time the county in which the recipient is making his home becomes responsible.

Intraprogram status change, as provided in Section 40-183, does not alter the "transfer period," nor does it constitute a discontinuance for cause. Therefore, if the intraprogram status change occurs before the expiration of the transfer period, the first county's responsibility for a cash grant or for medical assistance only continues until the end of the transfer period.

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40-191 DISCONTINUANCE DURING TRANSFER PERIOD

40-191

AB
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.1 County Responsibility

Responsibility of the first county ceases when payment of aid is discontinued for cause during the transfer period, except as follows:

.11 The first county restores aid and continues payment for the balance of the transfer period when:

.111 Aid is discontinued as a grant offset for overpayment and the repayment due will be offset prior to the expiration of the transfer period. (If the repayment due by means of offset will not be completed until the expiration of the transfer period or thereafter, the intercounty transfer is canceled, aid is not granted by the second or third county prior to the completion of the offset initiated by the first county.)

.112 Aid is discontinued inadvertently or without cause.

40-193 GRANT REDUCED TO "0" DURING TRANSFER PERIOD

40-193

When the grant authorization is reduced to "0" to adjust overpayment in the adjustment period (see section re Adjustment Period) and the normal effective date for increasing the authorization and resuming payment is prior to the expiration of the transfer period, the first county completes the adjustment and continues payment for the balance of the transfer period. (If the adjustment cannot be completed by the first county prior to the expiration of the transfer period, the second county is notified and the adjustment completed by the second county.)

40-195 TRANSFER PROCEDURE

40-195

.1 Transfer of Records

At the time the transfer is initiated or within two weeks thereafter, the first county shall provide the second county with copies of the Form ABCDM 200, the appropriate Form 201, pertinent information and all documents supporting eligibility determination as made by the first county. The second (or third) county shall accept the determination of eligibility made by the first county as provided in Section 40-159.1 and shall limit its determination of eligibility to circumstances which may have changed.

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40-195 TRANSFER PROCEDURE

40-195

.2 Steps Required to Accomplish Transfer

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When responsibility for the determination of the eligibility and aid payment is to be transferred from one county to another, the procedure is as follows:

.21 First County

.211 Notify the second county of the recipient's removal to that county by Form ABCD^M 215. Send two copies with Section A completed and accompanied by: (a) Information regarding the recipient's removal to the second county to make his home and (b) such additional information and/or documents as are needed to determine continuing eligibility and the amount of the grant including a copy of the most recent authorization document.

.212 With the ABCD^M 215, or within two weeks after this form is sent, supply the second county with the following additional material:

a. Copies of other pertinent documents, i.e., certified or photostatic copies of the original application (Form ABCDM200), the applicant's appropriate Form 201 and other documents supporting the eligibility determination ^{or} an explanation of how such eligibility factor was determined. _Λ

b. A summary of pertinent medical and social information including a statement of services needed by the recipient and services currently being given the recipient by the first county and a copy of the social assessment if one has been completed.

c. When the recipient has received aid previously from the second or third county, copies of documents or material already in the possession of such second or third county, or documents which are not needed to substantiate current and continuing eligibility would not be duplicated and sent to them again.

.213 If the recipient moves to a third county to make his home before expiration of the transfer period, the first county shall:

a. Cancel the transfer agreement with the second county and initiate transfer proceedings with the third county by use of Form ABCD^M 215. _Λ

b. Request the second county to forward to the third county all information and documents supplied by the first county and any additional information secured by the second county.

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40-195 TRANSFER PROCEDURE (Continued)

40-195

.31 Second CountyAB
ATD
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AFDC
MN

.311 Determine that the recipient is making his home in that county.

.312 Review all factors of eligibility that may have changed and provide the first county with any information which might affect eligibility or the amount of the grant during the transfer period.

.313 Complete Section "B" of the Form ABCDM 215 and return one copy to the first county.

.314 Complete any necessary additional eligibility determination and, if the recipient is eligible, authorize aid to be effective on the transfer date. (See Section 40-159 and W&IC 11053 regarding acceptance of eligibility determination of first county.

.315 At the request of the first county, promptly forward pertinent information and documents to a third county.

.41 Third County

Proceed with transfer arrangements with the first county in the same manner as specified for the second county.

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40-197 DISPUTE REGARDING COUNTY RESPONSIBILITY

40-197

.1 Referring Dispute to State Department of Social WelfareAB
ATD
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MN

When a county wishes to refer a dispute to the State Department of Social Welfare, Form DPA 6, Appeals as to Responsibility for Support, signed by the director of the county is sent in triplicate to the SDSW. The county also sends copies of documents, correspondence, etc., which are pertinent to a determination of county responsibility and a summary of its contention in the dispute. When responsibility for payment is found to be in a county other than that paying aid, intercounty transfer shall be initiated. SDSW will make any claim adjustments which are indicated based on a determination of county responsibility pursuant to W&IC 10806.

.2 Grant or Services During Dispute Period

In the event of a dispute payment of aid or provision of medical assistance, to an otherwise eligible applicant or recipient, shall be provided by the county to which application is made or shall be continued by the county currently paying aid. Such payment shall continue pending the determination of the dispute and shall be subject to the claim adjustments provided in Section 40-197.1 above.

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DIVISION 48 RECORDS

CHAPTER 48-000 RECORDS - GENERAL

48-001 COUNTY DEPARTMENT RESPONSIBILITY FOR RECORDS

48-001

AB
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MN

The county is responsible for maintaining a record for each applicant and recipient which identifies each individual and family, their address and household composition. For AFDC the record shall identify each child and his parents, their address and household composition. For OAS and AFDC responsible relatives shall be identified. The record shall also include:

.1 Records - Eligibility and Grant.11 The appropriate Form 201 completed by or on behalf of the applicant.

When further inquiry has been necessary to clarify the applicant's statement of facts or to reconcile conflicts or inconsistencies,
in the margin of the Form ABDM-201 or
the results of such inquiry shall be recorded in the case record.

(See Section 10-501.2.)

.12 The original or a copy of pertinent forms completed during the determination or redetermination of eligibility, i.e., budget work sheets, authorizations, forms relating to intercounty transfers, etc.

.13 The basis for county action granting, denying, changing, withholding, cancelling, or discontinuing aid.

.14 The computation of any overpayment and the basis for conclusion, the overpayment is or is not subject to adjustment or repayment. If the overpayment is subject to repayment, a copy of any demands for repayment, the facts regarding the determination of the debtor's ability to repay and collection activity (unless this information is recorded centrally elsewhere).

DO NOT WRITE IN THIS SPACE

Effective February 1, 1970

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11180.1)

48-001 COUNTY DEPARTMENT RESPONSIBILITY FOR RECORDS (Continued)

48-001

AB
ATD
OHS
AFDC
NLY

.15 The worker's evaluation of the applicant's apparent ability or inability to understand interpretation given to him with respect to his rights and responsibilities.

.2 Records - Intraprogram Status Change

.21 A record of any intraprogram status change as provided in Section 40-183, Intraprogram Status Change, and the basis, therefore, as well as the basis for the determination of the program (AB or APSB) which is more appropriate for the applicant or recipient.

.3 Records - Care in a Medical Institution

.31 For the recipient who is a patient in a public or private medical institution, all pertinent information to support the determination of eligibility or ineligibility. (See Chapter 42-600.)

.4 Case Records - Certification for Medi-Cal

A record of the certification and each recertification of the recipient for medical care under the Medi-Cal Program.

.5 Each notation or entry in the case record whether it be on a form or supplemental narrative is to be dated and the person making the entry be identified.

.6 See Section 15-124 on recording requirements for eligibility control cases.

DO NOT WRITE IN THIS SPACE

Effective February 1, 1970

CONTINUATION SHEET
I FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

48-003 RETURN OF PERSONAL DOCUMENTS

48-003

AB Personal documents shall be returned to the applicant after the pertinent
ATD information has been recorded.
OAS
AFDC

MN

48-005 ASSIGNMENT OF STATE NUMBERS

48-005

A state number shall be assigned to each application. (See *Section 23-250*).

48-007 CONFIDENTIALITY OF RECORDS

48-007

Names, addresses and all information concerning the condition or circumstances of any persons from whom or about whom information is obtained is confidential.

48-009 RELEASE OF GENERAL INFORMATION

48-009

Release of general information not identifiable with any particular family or individual is subject to no restriction.

DO NOT WRITE IN THIS SPACE

Effective February 1, 1970

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11180.1)

48-011 RELEASE OF CONFIDENTIAL INFORMATION

48-011

AB Confidential information shall be released only under the conditions specified
ATD below and as provided in W&IC 10850.
OAS
AFDC

MN.1 Release of Information Upon Applicant's or Recipient's Request.11 General

Information is released upon the request of the applicant or recipient or relative caring for the AFDC child or his authorized representative (individual, corporation or association) unless the information is privileged. (See Section 48-013.1.) Under these circumstances the information is released only if the consent of the other person is secured.

When the authorized representative and the applicant, recipient, or relative caring for the AFDC child are both personally present, no written authorization is required for that particular occasion.

Unless the applicant, recipient, or relative caring for the AFDC child is personally present, the individual, corporation, or association requesting information as the authorized representative, including an appellant, is required to present written authorization for release of the information requested.

.12 Authorization Time Limitation

Written authorizations shall be dated and shall expire one year from the date on which they are given unless they are expressly limited to a shorter period or expressly revoked, except that, in cases involving pending appeals or fair hearings, the time period, unless the authorization is expressly limited or revoked, shall be extended to the final disposition of the issue involved in the fair hearing by the administrative agency involved or, where applicable, by the courts.

.2 Release of Information to Other Agencies

Information requested by public and private social welfare or health agencies, and research organizations, meeting the conditions and guaranteeing the protections stated in W&IC 10850 is released without authorization of the applicant or recipient (or responsible relative for AFDC).

DO NOT WRITE IN THIS SPACE

Effective February 1, 1970

CONTINUATION SHEET
F FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

48-011 RELEASE OF CONFIDENTIAL INFORMATION (Continued)

48-011

AB
ATD
OAS
AFDC
MN

.3 Release of Confidential Information to Public Officials

Certain public officials, and their duly appointed agents and deputies, are entitled to examine public assistance case records (or otherwise be given confidential information), if their request relates to the exercise of official duties connected with the administration of the program. Among these officials are:

Board of Supervisors: Responsible for the administration of public assistance programs and for the expenditure of public funds in the county.

Grand Jury: May inquire into the conduct of public officers and may examine the books, records, and accounts of all county officers.

District Attorney and County Counsel: As legal advisor of the Board of Supervisors, he informs and advises grand juries, conducts prosecutions, opposes claims against the county which are believed to be unjust, etc.

Legislative Committees: May have need to examine public assistance records when evaluating the effectiveness of present public assistance laws or the need for change.

The right of public officials to examine public assistance records does not exist if the request is for a purpose not directly connected with the administration of the assistance program, such as traffic violation, tax fraud investigation, etc. In case of doubt concerning the request, the problem is to be referred to the appropriate county legal officer or to the SDSW.

When public officials are given access to public assistance records, their attention shall be directed to the provisions of W&IC 10850.

.4 Subpoenas or Court Orders for Release of Information

On notice of court action ordering records to be produced, the county shall notify the appropriate legal officer with the request that action be taken immediately to safeguard the confidential nature of the records. However, if it is apparent that the court order was issued for a purpose directly connected with the administration of the program, such action is not required.

Effective February 1, 1970

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
I FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

48-013 INSPECTION OF RECORDS BY APPLICANT OR RECIPIENT

48-013

AB
ATE
OAS
AFDC
MN

The applicant, recipient or his attorney or authorized representative (attorney or agent) may inspect the case records including the entire case narrative relating to the applicant or recipient which are filed in the SDSW or the county with the following exceptions:

.1 Privileged Communications

Portions of the record which qualify as "privileged communications" as defined in Sections 954 (lawyer-client), 980 (marital communications), 1040 (official information, and 1041 (identity of informer) of the Evidence Code.

Note: The physician-patient privilege in Evidence Code Section 970 et seq. belongs to the patient and may be waived by him. The right of the patient to inspect his records is confined to records maintained in the county department and does not extend to the records kept by the physician himself.

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Effective February 1, 1970

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following regulations are to be repealed effective February 1, 1970:

Chapter 40-100 (Except 40-125, 40-163 and 40-189,
filed with the Secretary of State November 25
and 26, 1969)
Chapter 40-200

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FACE SHEET
FC ILING ADMINISTRATIVE REGULA' NS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

JAN 2 - 1970

Office of Administrative Procedure

ENDORSED

APPROVED FOR FILING

(GOV. CODE 11380.1)

JAN 2 - 1969

Office of Administrative Procedure

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: December 30, 1969

By: *Robert Thurn*

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JAN 2 - 1970

At 10:16 o'clock *A* M.

FRANK M. JORDAN, Secretary of State

By *[Signature]*
Assistant Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

44-305 AID PAYMENTS - PAYEE AND DELIVERY (continued)

44-305

AB
APSB
ATD
OAS

.2 Time of Delivery

.21 Regular aid payments to OAS, AB, APSB and ATD recipients shall be delivered monthly in advance on the first of the month.

AFDC

.22 Regular aid payments to AFDC families shall be delivered semi-monthly in advance.

.221 When the county uses the concurrent payment method specified in Section 44-315.511a, the first installment shall be delivered not later than the first and the other installment shall be delivered not later than the 15th of the month.

DO NOT WRITE IN THIS SPACE

Effective February 1, 1970

F CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-305 AID PAYMENTS - PAYEE AND DELIVERY (Continued)

44-305

AFDC

.222 When the county elects to make payments on the basis of the budget planning method specified in Section 44-315.511b, the first installment shall be delivered not later than 15 calendar days following the end of the established budget planning period. The other installment shall be delivered not more than 15 calendar days after the first installment.

.223 An exception to delivery by the dates specified above may be made in those cases where payment at different intervals is directed by the Services System for a family with a money management problem (See Section 44-307.4).

.23 AFDC payments for foster care of children shall be delivered in one amount not later than the 15th of the month following the furnishing of care.

AB
APSB
ATD
AFDC

.24 The initial aid payment (See Section 44-319) shall be delivered promptly to OAS, AB, APSB and ATD recipients and to AFDC family groups (including AFDC-U cases) without respect to the above specified dates but not later than (a) 10 calendar days following the authorization of aid or (b) the effective date of aid, whichever is latest.

DO NOT WRITE IN THIS SPACE

Effective February 1, 1970

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-305 AID PAYMENTS - PAYEE AND DELIVERY (Continued)

44-305

AB
APSR
ATD
OAS
AFDC

.25 Whenever it is apparent that intervening holidays and weekends will delay delivery past the specified date, the warrant shall show the specified date but shall be placed in the mail in order to be delivered on the last postal delivery day preceding such date. (W&IC 11006.2)

- a. When a warrant is delivered by means other than the mails, it shall be available for delivery to the recipient on the last working day prior to the specified delivery date.
- b. The county shall meet this requirement to the extent it is administratively feasible with respect to delivery of payments that cannot be authorized before the cut-off date for the regular aid payrolls, and with respect to payments to be delivered out of the county.
- c. If the warrant is cashed but the recipient subsequently dies or becomes ineligible for aid between the delivery date and the date of the warrant, there is no right to recovery and the county shall be eligible for state and federal participation in such payment.

DO NOT WRITE IN THIS SPACE

Effective February 1, 1970

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

44-315 AMOUNT OF AID (Continued)

44-315

AFDC .5 Determining Amount of Aid and Method of Computing Payment.51 Child Living With Parent or Relative

Effective April 1, 1970 and operative for all cases not later than
July 1, 1970, the budget deficit is determined by:

a. Rounding to the nearer dollar total net income as determined
under Chapter 44-100 and total need as determined under
Chapter 44-200 with amounts ending in 50¢ or more rounded to
the next higher dollar.

and

b. Subtracting the rounded current net income from rounded total need:

The amount of the AFDC monthly payment is the budget deficit, or the
Maximum Participation Base, whichever is less. When the Maximum
Participation Base is less than the budget deficit, the additional
amount above the Base may be met by county supplementation.

The amount of each installment of the monthly AFDC payment shall not
be rounded.

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Effective February 1, 1970

CONTINUATION SHEET
F-- FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

44-315 AMOUNT OF AID (Continued)

44-315

AFDC .511 Alternate Methods for Computing Payments

The aid payment is to be computed according to whichever of the following basic methods the county selects. The method selected shall apply to all family cases.

- a. Concurrent Payment and Budget Periods - Grant for a particular month based only on income received and needs existing in that month.

Any deficiency in a previous month between total need and the sum of the aid payment and the income is not to be carried forward and allowed as a need in a subsequent month.

- b. Budget Planning with Subsequent Payment - Grant for a particular month based on income received and needs existing and reported before the end of a prior budget planning period. If unforeseen changes in need or income occur, supplemental payment may be made if necessary to protect the child's welfare or local public funds.

The budget planning period may be:

- (1) The month immediately prior to the month of payment; or
- (2) Another monthly period ending between the 15th and the last calendar day of the month immediately prior to the month of payment.

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-315 AMOUNT OF AID (Continued)

44-315

AFDC.52 Child Living in a Foster Family Home or Private Institution

Effective April 1, 1970 and operative for all cases not later than
July 1, 1970, the foster care payment is determined by:

- a. Rounding to the nearer dollar total net income of the
child as determined under Chapter 44-100 and the sum of the
county foster care rate and special need as determined under
Section 10-225 and Section 44-271 respectively, with amounts
ending in 50¢ or more rounded to the next higher dollar,
and
- b. Subtracting the rounded current net income from rounded total need.

The amount of the AFDC foster care payment is the exact amount
of the difference between a. and b.

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Effective February 1, 1970

1 CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-319 INITIAL PAYMENTS

44-319

AB
ATD
OAS
AFDC.1 Initial Payment - Defined - An initial payment is:

- .11 The first payment made on new applications and restorations;
- .12 The first payment for a child transferred from a boarding home to a family budget unit;
- .13 The first payment for the addition of a child to a family budget unit already receiving AFDC, or for the addition of a needy relative (if none has been included before) whether or not the actual payment is increased.

AB
ATD
OAS
AFDC.2 When Initial Payment Is Made

An initial payment shall be delivered within the month for which aid is granted or restored, or not later in the following month than the time such payment is required to be delivered in accordance with Section 44-305.24.

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Effective February 1, 1970

FACE SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

JAN 16 1970

Office of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(Gov. Code 11380.1)

JAN 10 1969

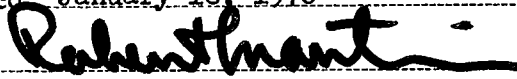
Office of Administrative Procedure

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare
(Agency)

Dated: January 16, 1970

By:



Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JAN 16 1970

At 1:55 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By: 
Assistant Secretary of State

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

FINDING OF EMERGENCY

The repeal of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

Employment and Social Rehabilitation Services Regulations Sections 30-153.26 and 30-153.3

1. On November 26, 1969, the Director adopted and filed with the Secretary of State revisions to the regulations listed above to be effective February 1, 1970.

2. On January 13, 1970, the Superior Court of the State of California for the County of Sacramento issued its Peremptory Writ of Mandate ordering the Director to repeal forthwith Eligibility and Assistance Standards Regulations Sections 44-113.2 through .234 as revised on November 25, 1969.

3. The provisions of the above-listed regulations represent a further implementation of, and must, therefore, be consistent with, Regulations Sections 44-113.2 through .234.

4. Failure to repeal on an emergency basis the Employment and Social Rehabilitation Services Regulations Sections 30-153.26 and 30-153.3 at the same time would result in conflict between the regulations of the Department of Social Welfare and would, therefore, necessarily be contrary to the public health, safety and general welfare.

The repeal described above must, therefore, be adopted as an emergency measure effective upon filing with the Secretary of State.

DO NOT WRITE IN THIS SPACE

FACE SHEET
F FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

JAN 16 1970

Office of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(Gov. Code 11380.1)

JAN 16 1970

Office of Administrative Procedure

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare
(Agency)

Dated: January 16, 1970

By: *Rahenthuant*

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JAN 16 1970

At 1:55 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By: *Frank M. Jordan*
Assistant Secretary of State

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

FINDING OF EMERGENCY

The repeal of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

Eligibility and Assistance Standards Regulations Sections
44-113.2 through .234

1. On November 25, 1969, the Director adopted and filed with the Secretary of State revisions to the regulations listed above to be adopted as emergency regulations effective February 1, 1970.

2. On January 13, 1970, the Superior Court of the State of California for the County of Sacramento issued its Peremptory Writ of Mandate ordering the Director to repeal forthwith the regulations listed above as revised on November 25, 1969.

3. Failure to repeal on an emergency basis the revised regulations listed above would be contrary to the order of the Superior Court, would expose the Director of the Department to contempt proceedings, and would, therefore, necessarily be contrary to the public health, safety and general welfare.

The repeal described above must, therefore, be adopted as an emergency measure effective upon filing with the Secretary of State.

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FACE SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

JAN 19 1970

Office of Administrative Procedure

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(GOV. CODE 11380.1)

JAN 19 1970

Office of Administrative Procedure

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare
(Agency)

Dated: January 19/ 1970

By:

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JAN 19 1970

At 4:30 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By: J.F.P. Assistant Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

- | | |
|---|--|
| <p>AFDC</p> <p>ATD</p> <p>OAS</p> <p>AB</p> | <p>30-153 COSTS OF SUPPORTIVE SERVICES RELATED TO OBTAINING AND RETAINING EMPLOYMENT OR REHABILITATION LEADING TO EMPLOYMENT 30-153</p> <p>.1 Except for individuals enrolled in WIN, the responsibility of the county for meeting service-connected expenses is met when the supportive services listed in Section 30-152 have been provided.</p> <p>.2 For persons referred to and participating in WIN, the county shall meet the costs of the supportive services listed in Section 30-152 and, in addition, all reasonable expenses incurred in meeting the employment objective, including:</p> <p>.21 Transportation expenses subject to the conditions and limitations of Section 44-114.</p> <p>.22 Cost of child care, i.e., day care or in-home care (See Section 30-367);</p> <p>.23 Cost of medical treatment or appliances, to the extent that such costs are essential to realization of the purposes of the plan and are not met from other resources;</p> <p>.24 Cost of essential items not provided by other agencies as part of the training of the individual;</p> <p>.25 Cost of relocation to obtain training which has a reasonable presumption of leading directly to self-support; and</p> |
|---|--|

Effective 2/1/70

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

30-153 COSTS OF SUPPORTIVE SERVICES RELATED TO OBTAINING AND RETAINING
EMPLOYMENT OR REHABILITATION LEADING TO EMPLOYMENT (Continued)

30-153

AFDC

.26 Additional costs of lunches, clothing, grooming and incidental expenses, which shall be allowed as a standard, flat allowance according to the number of days in training or working days employed in the month, as follows:

<u>1 through 5 days:</u>	<u>\$ 6.00</u>
<u>6 through 10 days:</u>	<u>12.00</u>
<u>11 through 15 days:</u>	<u>18.00</u>
<u>Over 15 days:</u>	<u>25.00</u>

- 3 The service-connected expenses listed in Section 30-153.2 above shall be met from administrative funds for WIN Category II recipients. Such expenses in WIN Categories I and III shall be met as deductions from earnings.

Effective 2/1/70

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The adoption of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

Employment and Social Rehabilitation Services Regulations
Sections 30-153.26 and 30-153.3.

1. On January 13, 1970, the Superior Court of the State of California for the County of Sacramento issued a Peremptory Writ of Mandate ordering the Director of the State Department of Social Welfare to repeal forthwith its Eligibility and Assistance Standards Regulations Sections 44-113.2 through .234 as revised on November 25, 1969, which were to be effective February 1, 1970.

2. The revisions listed in the preceding paragraph were repealed with a Finding of Emergency on January 16, 1970, effective upon filing.

3. Employment and Social Rehabilitation Services Regulations Sections 30-153.26 and 30-153.3, a further implementation of Regulation Sections 44-113.2 through .234, adopted by the Director and filed with the Secretary of State on November 26, 1969 to be effective February 1, 1970, were also repealed effective January 16, 1970 to avoid a conflict between the regulations of the Department of Social Welfare.

4. Failure to adopt replacement regulations will result in a void in the Department's regulatory structure, will preclude effective administration of the State Plan under which California received federal funds and thus would necessarily be contrary to public health, safety and general welfare.

The regulations listed above must, therefore, be adopted as emergency regulations effective February 1, 1970.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

CERTIFICATE OF COMPLIANCE
Under Sec. 11422.1 Government Code

The State Department of Social Welfare hereby certifies that said agency complied with the provisions of Sections 11423, 11424, and 11425, Government Code, prior to the adoption of the emergency regulations attached hereto.

Robert Martin, DirectorDate January 19, 1970

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

CERTIFICATE OF COMPLIANCE
Under Sec. 11422.1 Government Code

The State Department of Social Welfare hereby certifies that said agency complied with the provisions of Sections 11423, 11424, and 11425, Government Code, prior to the adoption of the emergency regulations filed by said agency with the Secretary of State as set forth below:

Sections 44-111.2 through 44-111.233 effective 2/1/70
filed with Secretary of State 11/28/69

The State Department of Social Welfare

By Robert Martin
Robert Martin, Director

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FACE SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

JAN 19 1970

Office of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11889.1)

JAN 19 1969

Office of Administrative Procedure

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare
(Agency)

Dated: January 19, 1970

By:

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JAN 19 1970

At 4:30 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By: Assistant Secretary of State

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

44-113 NET INCOME (Continued)

44-113

.2 Earnings

AB
APSB
ATD
OAS
AFDC
MN

Nonexempt net income from earnings is that which remains after (a) deducting the earned income exemption from gross earnings and (b) then subtracting from the remainder all necessary expenses incurred in the securing and retention of employment.

That portion of earnings which the employer is required by legal action to deduct from an employee's earnings, such as under garnishment, wage attachment and family support proceedings, is not an expense of employment and shall not be disregarded prior to application of any earned income exemption. If the amount deducted for this reason exceeds the amount of the earned income exemption, the unmet balance is disregarded as income which is not available to the recipient.

The appropriate method of determining nonexempt net earned income shall be selected from those set forth below.

.21 Earnings of Recipient - Adult Aids

(This applies to gross earnings in excess of \$20 a month in OAS and ATD, \$85 a month in AB and \$1,500 a year in APSB.)

Effective 1/19/70

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-113 NET INCOME (Continued)

44-113

.211 Received Monthly or on Basis other than Recurring Lump Sum

AB
ATD
OAS

a. As an Employee (Wages, Salary or Commissions)

- (1) Determine gross income from earnings; i.e., total income irrespective of expenses, voluntary or involuntary deductions.
- (2) Deduct from gross income the exempt income; i.e., in OAS and ATD the first \$20 of gross income plus one-half of the next \$60 and in AB the first \$85 of gross income plus one-half of any amount in excess of \$85. (For AB compute on the basis of first \$92.50 rather than \$85.00, if the recipient's income is solely from such earnings - See Section 44-111.11.)
- (3) Deduct all personal and nonpersonal work expenses from amount determined in Item 2; i.e., cost of tools, materials, special uniforms or other clothing necessary for the job, business expenses or transportation to call on customers, income withholding taxes, social security taxes, cost of meals purchased away from home, transportation to and from the job, laundry and cleaning service necessary for the retention of employment, union dues, etc.
- (4) Any remainder is considered nonexempt income.

Effective 1/19/70

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FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-113 NET INCOME (Continued)

44-113

b. From Self-Employment (Business Enterprise, Farming, etc.)
or in Combination with Earnings as an Employee

- (1) Determine total gross income from self-employment and any gross income as an employee.
- (2) Deduct nonpersonal business expenses from gross income; i.e., expenses incurred in production of income.
(See Section 44-113.1.)
- (3) Deduct the exempt income; i.e., in OAS and ATD the first \$20 of the amount determined in Item (2) plus one-half of the next \$60; in AB the first \$85 of the amount determined in Item (2) plus one-half of any amount in excess of \$85. (For AB compute on the basis of first \$92.50 rather than \$85, if the recipient's income is solely from earnings. See Section 44-111.11.)
- (4) Deduct personal work expenses i.e., income tax payments, social security taxes, lunches purchased away from home, transportation to and from the job, etc.
- (5) Any remainder is considered nonexempt income.

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(Pursuant to Government Code Section 11380.1)

44-113

NET INCOME (Continued)

44-113

.212 Received in Recurring Lump Sum Payments (as an Employee or From Self-Employment)

- a. Determine the average gross income based on the number of months over which the income was earned.
- b. Determine the average nonpersonal work expenses allocable to each month over which the income was earned.
- c. Compute the net nonexempt income for each month as provided in Section .211a or b above, whichever is appropriate.
- d. Total the nonexempt income for all the months involved and this is the amount of the lump sum earned income which is nonexempt and for which a grant adjustment must be made pursuant to Section 44-135.

APSB

.213 Received as an Employee or from Self-Employment on Monthly Basis or as Recurring Lump Sum Payment

- a. Determine gross income from earnings or business.
- b. Deduct all personal and nonpersonal business or work expenses from amount determined in Item a; i.e., cost of tools, materials, special uniforms or other clothing necessary for the job, business expenses or transportation to call on customers, income withholding taxes, social security taxes, cost of meals purchased away from home, transportation to and from the job, laundry and cleaning service necessary for the retention of employment, union dues, expenses incurred in production of income, etc.
- c. Deduct from net income the exempt income. The exempt income in APSB is the first \$1,500 per year plus one-half of any amount in excess of \$1,500.
- d. Any remainder is considered nonexempt income.

AB
APSB
ATD
QAS

.22 Earnings of Ineligible Spouse

Net income received by an ineligible spouse from his own earnings is computed as follows:

- .221 Determine gross income from such earnings.
- .222 Deduct from such gross income a flat 25 percent for income taxes, disability insurance, social security taxes, expenses in securing and retaining employment, transportation, meals, etc.

or

Deduct the actual expenses, in lieu of the flat 25 percent, if the spouse presents evidence that necessary deductions and expenses exceed the 25 percent.

- .223 Any remainder is considered net income of the spouse.

Effective 1/19/70

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FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-113 NET INCOME (Continued)

44-113

AFDC .23 Expenses of Earnings — AFDC

In order that the use of family income for necessary expenses to retain employment will not reduce the money available to meet basic and special needs, such expenses shall be deducted from NonEXEMPT earnings as follows: (See Section 44-111.23 for exemption to be applied against earned income.)

.231 Involuntary deductions made by the employer over which the employee has no control.

.232 Expenses for additional food, clothing and personal incidentals, allowed as a standard allowance according to the number of working days employed during the month, as follows:

<u>1 through 5 days</u>	<u>\$ 6.00</u>
<u>6 through 10 days</u>	<u>\$12.00</u>
<u>11 through 15 days</u>	<u>\$18.00</u>
<u>Over 15 days</u>	<u>\$25.00</u>

.233 The actual cost of other expenses which are mandatory to retain employment. Examples are:

- a. Transportation to and from the job and on the job if not reimbursed by the employer, subject to conditions and limitations in Section 44-114.
- b. Tools and licenses.
- c. Dues to unions or similar assessments which are a condition of employment.
- d. Necessary job-related educational or training expenses.
- e. Child care, when the caretaker is employed.
- f. Special safety devices not furnished by the employer.
- g. Telephone service required in connection with employment.

.234 Expenses of earnings do not include items often deducted at the request of the employee but not mandatory to retain employment. Examples are:

- a. Credit union shares, savings bonds, voluntary retirement, or elective profit sharing programs.
- b. Elective health insurance.
- c. Charitable contributions.
- d. Dues to organizations where membership is not a prerequisite to employment.
- e. Deductions for payments on consumer and other loans (see Section 44-113.2 regarding garnishments, etc.).

Effective 1/19/70

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FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-113 NET INCOME (Continued)

44-113

AFDC

- .235 When earnings are from self-employment or operation of a business, the expenses in Items .232 and .233 are deducted with all other normal items of expense incidental to receipt of the income. However, principal payments are not allowed except for tools and equipment essential to the employment.
- .236 When an entire item of need in the itemized Cost Schedule is met in kind as a result of service performed, the monetary value of the item as shown in the Cost Schedule is income to the family. The expenses in Items .232 and .233 are deducted with all other normal items of expense incurred in securing the income to determine the net income.

Effective 1/19/70

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FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The adoption of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

Eligibility and Assistance Standards Regulations Sections
44-113.2 through 44-113.236.

1. On January 13, 1970, the Superior Court of the State of California for the County of Sacramento issued a Peremptory Writ of Mandate ordering the Director of the State Department of Social Welfare to repeal forthwith its Eligibility and Assistance Standards Regulation Sections 44-113.2 through .234 as revised on November 25, 1969, effective February 1, 1970.

2. The above-listed revisions to those regulations were repealed with a Finding of Emergency and filed with the Secretary of State on January 16, 1970, effective on filing.

3. Repeal of said regulations without adoption of replacement regulations will result in a void in the Department's regulatory structure, will preclude effective administration of the State Plan under which California receives federal funds, and thus would necessarily be contrary to public health, safety and general welfare.

The regulations listed above must, therefore, be adopted as emergency regulations effective upon filing with the Secretary of State.

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

CERTIFICATE OF COMPLIANCE
Under Sec. 11422.1 Government Code

The State Department of Social Welfare hereby certifies that said agency complied with the provisions of Sections 11423, 11424, and 11425, Government Code, prior to the adoption of the emergency regulations attached hereto.



Robert Martin, Director
STATE DEPARTMENT OF SOCIAL WELFARE

Date January 19, 1970

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AFDC

The monthly amount of all minimum needs of the family budget unit shall be the sum of the amounts specified in the following subsections for housing, utilities, food, individual needs and family budget unit needs.

The computation of the aid payment shall be made in accordance with Section 44-315.51.

Nothing in these regulations shall be construed as restricting a family in the expenditure of its grant and outside income according to its own budget plan, unless the family is on money management (see Section 44-307).

.1 Minimum Need for Housing

- .11 The amount for housing, excluding utilities, shall be whichever of the following is the lower amount:
 - a. The actual cost to the family budget unit for housing; or
 - b. The amount specified in the Schedule of Maximum Housing Allowances (Section 44-212.14).
- .12 The written statement of the parent or caretaker specifying the actual cost of housing shall be accepted unless there is conflicting information.
- .13 When the family owns or is buying a home, the amount for housing is the estimated actual cost per month to the family of mortgage payments including principal and interest, property taxes and assessments and of repairs essential to the maintenance of safe, healthful housing, but not to exceed the limit specified in Section 44-212.14.

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

JAN 29 1970

Office of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(Gov. Code 11380.1)

JAN 29 1970

Office of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

Dated: January ^(Agency) 29, 1970

By:

Robert H. ...

Director

(Title)

FILED

in the office of the Secretary of State
of the State of California

JAN 29 1970

At 3:40 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By: *[Signature]*
Assistant Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards

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Effective March 1, 1970

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-212 MINIMUM NEEDS OF AFDC FAMILY BUDGET UNITS (Continued)

14 Schedule of Maximum Housing Allowances

The maximum housing allowance shall be the amount shown in the following schedule, established as the prevailing cost within which safe, healthful housing is available on the basis of survey data on the cost of leased housing in California on file October 1, 1969, in the U.S. Department of Housing and Urban Development.

Number of Persons in Family Budget Unit

County 1 2 3 4 5 6 7 8 9 10 or more

Alameda	\$ 88	\$ 99	\$124	\$124	\$152	\$152	\$173	\$173	\$194	
Alpine	90	90	110	110	140	140	160	160	180	
Amador	90	90	110	110	140	140	160	160	180	
Butte	80	95	120	120	145	145	170	170	200	
Calaveras	90	90	110	110	140	140	160	160	180	
Colusa	95	102	120	120	148	148	170	170	185	
Contra Costa	92	92	112	112	145	145	170	170	195	
Del Norte	65	75	100	100	120	120	145	145	160	
El Dorado	90	90	110	110	140	140	160	160	180	
Fresno	75	95	115	115	140	140	168	168	178	
Glenn	95	102	120	120	148	148	170	170	185	
Humboldt	110	110	130	130	160	160	180	180	200	
Imperial	105	105	125	125	160	160	180	180	180	
Inyo	90	90	110	110	140	140	160	160	180	
Kern	100	115	140	140	165	165	185	185	205	
Kings	87	96	124	124	147	147	170	170	183	
Lake	88	92	115	115	140	140	162	162	180	
Lassen	90	90	110	110	140	140	160	160	180	
Los Angeles	90	103	123	123	157	157	182	182	193	
Madera	87	96	124	124	147	147	170	170	183	
Marin	104	104	122	122	165	165	175	175	175	
Mariposa	90	90	110	110	140	140	160	160	180	
Mendocino	88	92	115	115	140	140	162	162	180	
Merced	87	96	124	124	147	147	170	170	183	
Modoc	90	90	110	110	140	140	160	160	180	
Mono	90	90	110	110	140	140	160	160	180	
Monterey	90	100	120	120	135	135	150	150	165	
Napa	94	102	126	126	157	157	178	178	198	
Nevada	90	90	110	110	140	140	160	160	180	
Orange	90	103	123	123	157	157	182	182	193	
Placer	90	90	110	110	140	140	160	160	180	
Plumas	90	90	110	110	140	140	160	160	180	
Riverside	95	105	130	130	150	150	175	175	190	
Sacramento	110	110	120	120	150	150	170	170	170	
San Benito	85	95	122	122	145	145	162	162	175	
San Bernardino	105	105	119	119	149	149	169	169	169	

Effective March 1, 1970

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CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-212 MINIMUM NEEDS OF AFDC FAMILY BUDGET UNITS (Continued)

44-212

AFDC

.14 Schedule of Maximum Housing Allowances (Continued)

County	Number of Persons in Family Budget Unit									
	1	2	3	4	5	6	7	8	9	10 or more
San Diego	110	110	130	130	150	150	170	170	180	180
San Francisco	100	115	140	140	175	175	195	195	225	225
San Joaquin	90	95	123	123	144	144	170	170	188	188
San Luis Obispo	80	90	125	125	155	155	175	175	185	185
San Mateo	90	100	135	135	150	150	175	175	200	200
Santa Barbara	90	97	115	115	159	159	175	175	193	193
Santa Clara	88	105	120	120	160	160	182	182	200	200
Santa Cruz	85	95	122	122	145	145	162	162	175	175
Shasta	90	90	110	110	140	140	160	160	180	180
Sierra	90	90	110	110	140	140	160	160	180	180
Siskiyou	90	90	110	110	140	140	160	160	180	180
Solano	95	95	127	127	150	150	178	178	197	197
Sonoma	94	102	126	126	157	157	178	178	198	198
Stanislaus	85	90	115	115	140	140	165	165	165	165
Sutter	95	102	120	120	148	148	170	170	185	185
Tehama	95	102	120	120	148	148	170	170	185	185
Trinity	90	90	110	110	140	140	160	160	180	180
Tulare	85	85	125	125	145	145	165	165	180	180
Tuolumne	90	90	110	110	140	140	160	160	180	180
Ventura	90	90	125	125	145	145	155	155	160	160
Yolo	95	102	120	120	148	148	170	170	185	185
Yuba	95	102	120	120	148	148	170	170	185	185

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Effective March 1, 1970

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(Pursuant to Government Code Section 11380.1)

44-212 MINIMUM NEEDS OF AFDC FAMILY BUDGET UNITS (Continued)

44-212

AFDC .2 Minimum Need Amount for Utilities

The amount for utilities shall be the amount shown in the following schedule, established in accordance with rates in effect on July 1, 1969, as the cost of electricity, water, fuel for cooking and heating, garbage disposal service, and sewer charge.

Schedule of Allowances for Utilities

Number of Persons in Family Budget Unit

County	1	2	3	4	5	6	7	8	9	10
Alameda	\$12.75	\$13.35	\$13.60	\$13.90	\$14.15	\$14.40	\$14.50	\$14.65	\$14.65	\$14.65
Alpine	25.05	27.15	27.60	28.05	28.55	29.00	29.40	29.70	29.70	29.70
Amador	36.65	39.95	41.75	41.90	43.70	43.85	43.85	45.50	45.50	45.50
Butte	15.80	16.45	16.75	17.05	17.35	17.60	17.75	17.90	17.90	17.90
Calaveras	31.00	33.75	35.30	35.45	37.00	37.15	37.15	38.50	38.50	38.50
Colusa	14.75	15.50	15.80	16.10	16.40	16.65	16.80	16.95	16.95	16.95
Contra Costa	15.35	16.00	16.25	16.55	16.85	17.10	17.25	17.35	17.35	17.35
Del Norte	31.20	33.05	33.65	34.05	34.65	35.05	35.50	36.00	36.00	36.00
El Dorado	35.75	38.75	40.45	40.60	42.25	42.40	42.40	43.90	43.90	43.90
Fresno	14.10	14.75	15.05	15.30	15.60	15.85	15.95	16.10	16.10	16.10
Glenn	14.55	15.30	15.60	15.90	16.20	16.45	16.60	16.75	16.75	16.75
Humboldt	19.10	19.95	20.25	20.60	20.90	21.20	21.40	21.55	21.55	21.55
Imperial	14.00	15.00	15.45	15.80	16.20	16.60	16.80	16.95	16.95	16.95
Inyo	28.10	30.30	31.50	31.65	32.85	33.00	33.00	34.05	34.05	34.05
Kern	16.30	16.95	17.25	17.50	17.80	18.05	18.15	18.30	18.30	18.30
Kings	16.45	17.25	17.55	17.90	18.20	18.55	18.70	18.85	18.85	18.85
Lake	33.60	36.55	38.20	38.35	40.00	40.15	40.15	41.60	41.60	41.60
Lassen	27.05	30.45	32.25	32.40	34.20	34.30	34.30	36.00	36.00	36.00
Los Angeles	9.60	10.35	10.65	10.90	11.15	11.45	11.60	11.75	11.75	11.75
Madera	17.85	18.55	18.85	19.15	19.45	19.70	19.85	19.95	19.95	19.95
Marin	15.80	16.40	16.70	17.00	17.30	17.55	17.70	17.80	17.80	17.80
Mariposa	33.05	35.50	36.85	37.05	38.40	38.55	38.55	39.80	39.80	39.80
Mendocino	21.00	22.60	22.80	22.95	23.15	23.35	23.40	23.45	23.45	23.45
Merced	12.90	13.55	13.80	14.10	14.40	14.65	14.80	14.90	14.90	14.90
Modoc	31.30	33.15	33.55	33.95	34.40	34.80	35.15	35.40	35.40	35.40
Mono	31.50	33.45	34.60	34.80	35.95	36.15	36.15	37.10	37.10	37.10
Monterey	13.90	14.50	14.80	15.10	15.40	15.65	15.80	15.90	15.90	15.90
Napa	15.45	16.10	16.40	16.65	16.95	17.20	17.35	17.50	17.50	17.50
Nevada	24.20	26.20	27.40	27.55	28.75	28.85	28.85	29.90	29.90	29.90
Orange	11.80	12.55	12.85	13.15	13.45	13.75	13.90	14.05	14.05	14.05
Placer	28.45	31.35	33.00	33.15	34.80	34.95	34.95	36.40	36.40	36.40
Plumas	31.30	34.50	36.25	36.40	38.20	38.35	38.35	39.90	39.90	39.90

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(Pursuant to Government Code Section 11180.1)

44-212 MINIMUM NEEDS OF AFDC FAMILY BUDGET UNITS (Continued)

44-212

AFDC .2 Minimum Need Amount for Utilities (Continued)

County	Number of Persons in Family Budget Unit									
	1	2	3	4	5	6	7	8	9	10
Riverside	15.25	16.00	16.35	16.65	16.95	17.30	17.45	17.60	17.60	17.60
Sacramento	12.20	12.80	13.05	13.30	13.50	13.75	13.85	14.00	14.00	14.00
San Benito	14.45	15.15	15.45	15.70	16.00	16.25	16.40	16.55	16.55	16.55
San Bernardino	14.50	15.30	15.60	15.90	16.20	16.55	16.70	16.85	16.85	16.85
San Diego	13.70	14.75	15.10	15.45	15.80	16.15	16.30	16.50	16.50	16.50
San Francisco	12.40	13.00	13.25	13.50	13.75	14.00	14.10	14.25	14.25	14.25
San Joaquin	14.40	15.05	15.30	15.60	15.90	16.10	16.25	16.40	16.40	16.40
San Luis Obispo	16.80	17.60	17.90	18.25	18.55	18.85	19.00	19.15	19.15	19.15
San Mateo	15.75	16.35	16.65	16.95	17.25	17.50	17.65	17.75	17.75	17.75
Santa Barbara	17.75	18.55	18.85	19.15	19.50	19.80	19.95	20.10	20.10	20.10
Santa Clara	14.25	14.90	15.20	15.45	15.75	16.00	16.10	16.25	16.25	16.25
Santa Cruz	15.60	16.20	16.50	16.75	17.05	17.30	17.40	17.55	17.55	17.55
Shasta	17.75	18.75	19.05	19.35	19.60	19.90	20.10	20.30	20.30	20.30
Sierra	31.30	33.50	34.85	35.05	36.35	36.50	36.50	37.60	37.60	37.60
Siskiyou	25.75	27.50	28.00	28.50	29.00	29.50	29.85	30.15	30.15	30.15
Solano	15.35	16.05	16.30	16.60	16.90	17.15	17.30	17.45	17.45	17.45
Sonoma	14.55	15.20	15.50	15.75	16.05	16.30	16.45	16.60	16.60	16.60
Stanislaus	12.25	12.90	13.15	13.40	13.60	13.85	13.95	14.10	14.10	14.10
Sutter	14.05	14.70	14.95	15.25	15.55	15.80	15.95	16.05	16.05	16.05
Tehama	15.25	16.15	16.45	16.80	17.10	17.40	17.60	17.75	17.75	17.75
Trinity	29.60	31.30	31.70	32.15	32.55	32.95	33.30	33.55	33.55	33.55
Tulare	16.05	16.85	17.20	17.50	17.85	18.15	18.30	18.45	18.45	18.45
Tuolumne	28.30	30.95	32.50	32.65	34.15	34.30	34.30	35.65	35.65	35.65
Ventura	15.90	16.65	16.95	17.25	17.55	17.85	18.00	18.15	18.15	18.15
Yolo	14.70	15.40	15.65	15.95	16.25	16.50	16.65	16.80	16.80	16.80
Yuba	13.50	14.15	14.45	14.75	15.00	15.30	15.40	15.55	15.55	15.55

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(Pursuant to Government Code Section 11180.1)

44-212 MINIMUM NEEDS OF AFDC FAMILY BUDGET UNITS (Continued)

44-212

AFDC .3 Minimum Need Amount for Food

The amount for food prepared in the home shall be the amount shown in the following schedule, established by the October 1968 food pricing survey of a low cost adequate food budget that meets the dietary allowances of the National Research Council for families living in counties of substantially similar economic level. For grouping of counties, see Section 44-212.8.

Table of Food Amounts
By Age and Sex of Persons in Family Budget Unit
And By County Pricing Group

<u>Age and Sex Group</u>	<u>County Pricing Group</u>				
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>4a</u>
Female 13 and over and Incapacitated Adult Male	\$27.45	\$28.75	\$29.25	\$30.20	\$33.40
Male 13 and over	32.15	33.75	34.45	35.55	39.35
Child 7 through 12 years	26.05	27.20	27.80	28.70	31.75
Infant and Child 1 through 6 years	19.80	20.60	21.05	21.80	24.10

An adjustment of ten percent (10%) shall be added for family budget units of one and two persons.

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Effective March 1, 1970

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-212 MINIMUM NEEDS OF AFDC FAMILY BUDGET UNITS (Continued)

44-212

AFDC

.4 Minimum Need Amount for Individual Needs

The amount for each person in the family budget unit for clothing, personal needs and recreation shall be as shown in the following schedule, established on the basis of standard pricing methods as the July 1, 1969, cost of these items as specified below:

Clothing: For minimum replacement of adequate supply of clothing; does not include amount for purchase of an initial supply of clothes.

Personal Needs: For haircuts, toothbrushes and toothpaste, hair brushes and combs, toilet soap, shaving supplies, sanitary supplies and similar items; for infants, mineral oil, vaseline, boric acid, sterile cotton, nursing bottles and nipples.

Recreation: For movies, school activities, skates, fishing tackle, club dues, toys and other recreational items.

Table of Individual Need Amounts
By Age and Sex of Persons in the
Family Budget Unit

<u>Age and Sex Group</u>	<u>Total Amount</u>	<u>Clothing</u>	<u>Personal Needs</u>	<u>Recreation</u>
Female 13 and over and Incapacitated Adult Male	\$16.05	\$11.65	\$2.45	\$1.95
Male 13 and over	17.60	13.95	2.35	1.30
Child 7 through 12 years	12.60	10.45	1.60	.55
Infant and Child 1 through 6 years	8.10	7.15	.95	---

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(Pursuant to Government Code Section 11380.1)

44-212 MINIMUM NEEDS OF AFDC FAMILY BUDGET UNITS (Continued)

44-212

AFDC .5 Minimum Need Amount for Family Budget Unit Needs

The amount by size of the family budget unit for household operations and intermittent needs, education and incidentals, and transportation shall be as shown in the following schedule, established on the basis of standard pricing methods as the July 1, 1969, cost of these items as specified below:

Household Operations and Intermittent Needs: For cleaning and laundry supplies, such as brooms, mops, soap and bleach; for mending supplies; for medicine chest supplies, such as antiseptic, bandages, aspirin, hot water bottle; for replacement of household items such as light bulbs, linens and bedding; and for expenses that do not occur monthly, such as life insurance premiums, toll or long distance telephone calls, repair or replacement of essential household equipment or furniture.

Education and Incidentals: For newspaper, magazine, stationery, postage.

Transportation: For public transportation.

Table of Family Budget Unit Need Amounts
 By Item and Size of Family Budget Unit

Item	Size of Family Budget Unit									
	1	2	3	4	5	6	7	8	9	10
Total	\$12.95	\$18.75	\$23.30	\$29.30	\$34.25	\$40.05	\$44.90	\$50.70	\$55.60	\$61.70
Household Operations and Intermittent Needs	8.60	11.70	13.55	16.90	19.15	22.25	24.45	27.55	29.80	33.20
Education and Incidentals	1.95	2.25	2.55	2.80	3.10	3.40	3.65	3.95	4.20	4.50
Transportation	2.40	4.80	7.20	9.60	12.00	14.40	16.80	19.20	21.60	24.00

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44-212 MINIMUM NEEDS OF AFDC FAMILY BUDGET UNITS (Continued)

44-212

AFDC | .6 Additional Amounts

.61 FBU With More Than Ten Persons

The total need amount of these families shall be increased by adding for each additional person:

- a. The food and individual need amounts specified in Sections 44-212.3 and 44.212.4 according to the age and sex of the person.
- b. Plus \$6 per person for family group needs.

.62 Unborn Child

The total need amount of the family budget unit determined in accordance with the preceding sections shall be increased \$21 effective the month verification of pregnancy is obtained and continuing until termination of the pregnancy. For additional amount to be allowed to the food allowance for the pregnant mother, see Section 44-279 "Special Need for Therapeutic Diet."

.7 Amount For Child in Family Budget Unit That Does Not Include a Parent or Needy Caretaker

.71 This section is applicable when the child is living with:

- A nonneedy relative other than a parent.
- A parent who is excluded from the budget because he or she does not wish to fulfill requirements with respect to some of the children in the home.
- A parent or related caretaker when exclusive income of one child meets the parents' or relatives' needs.
- A parent or related caretaker who is receiving OAS, AB, APSB or ATD.

.72 The minimum need amount for the child shall be the sum of the following:

- The amount for food and individual needs, according to the age and sex of the child, as specified in Sections 44-212.3 and 44-212.4, plus
- The amount for family budget unit needs, as specified in Section 44-212.5, plus
- The amount stated by the caretaker as the child's share of housing and utilities costs, not to exceed the prorata share for the AFDC child(ren) in relation to total persons in the household of (a) actual costs of housing and utilities or (b) the maximum housing allowance plus the utilities allowance specified in Sections 44-212.1 and 44-212.2 respectively, whichever is lower.

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(Pursuant to Government Code Section 11180.1)

44-212 MINIMUM NEEDS OF AFDC FAMILY BUDGET UNITS (Continued)

44-212

AFDC

.73 If the nonneedy relative caretaker, other than a parent, with whom the child is living indicates that the aid payment is inadequate, the neediness of the caretaker shall be explored.

.8 County Pricing Groups

The county in which AFDC items in the minimum and special need standard are priced and the counties to which such pricings are applicable on the basis of their comparable economic levels shall be as specified in the following table:

County Pricing Group	1	2	3	4	4a
Pricing County	Los Angeles	San Mateo	Butte	Mariposa	(Mariposa)
Other Counties	Alameda	El Dorado	Amador	Calaveras	Alpine
	Contra Costa	Fresno	Colusa	Modoc	Mono
	Kings	Imperial	Del Norte	Sierra	
	Madera	Kern	Glenn	Trinity	
	Riverside	Mendocino	Humboldt		
	Sacramento	Merced	Inyo		
	San Benito	Monterey	Lake		
	San Bernardino	Napa	Lassen		
	San Diego	Nevada	Marin		
	San Luis Obispo	Orange	Plumas		
	Santa Clara	Placer	Shasta		
	Santa Cruz	San Francisco	Siskiyou		
	Solano	San Joaquin	Tuolumne		
	Tulare	Santa Barbara			
	Yolo	Sonoma			
		Stanislaus			
		Sutter			
		Tehama			
		Ventura			
		Yuba			

AFDC

.9 Implementation of Revised Minimum Need Amounts

Revised minimum need amounts shall be effective in all AFDC family cases March 1, 1970.

In determining total minimum need amounts for family budget units, exclusive of housing, the county welfare department shall use the Coded Cost Schedule issued by the State Department of Social Welfare.

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Effective March 1, 1970

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-279 SPECIAL NEED FOR THERAPEUTIC DIET

44-279

- .1 Special need for a therapeutic diet shall be authorized when a doctor or other practitioner recommends one or a combination of the diets listed below, except that final determination of the need for a therapeutic diet may be based on consultation with the county medical consultant. The allowance may continue for no more than one year unless continuation is re-substantiated as provided above.

No special need shall be authorized for a diet other than one of those listed below nor shall the amount allowed for a combination diet exceed that specified for the highest cost diet included in the recommended diet plan.

- .2 The amount for additional cost of a therapeutic diet shall be as follows, established on the basis of the October 1968 AFDC food pricing survey:

\$15 Diabetic, 2200 calories or more

High caloric — high protein

Lactation (while breast feeding)

\$9 Diabetic, under 2200 calories

Bland

Low fat — low cholesterol

Low salt (sodium, under 3 grams)

Pregnancy (from 4th month)

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

Regulation 44-219, Family Budget Unit Which Does Not Include A Parent or Needy Caretaker, is to be repealed effective March 1, 1970.

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FACE SHEET
FC FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

FEB 5 - 1970

Office of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11280.1)

FEB 5 - 1970

Office of Administrative Procedure

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare
(Agency)

Dated: February 4, 1970

By: Robert M. Thant

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

FEB - 6 1970

At 8:20 o'clock a.m.

FRANK M. JORDAN, Secretary of State

By: [Signature]
Assistant Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

ATD
MN

County Responsibility

All documents pertaining to disability are returned to the county following the ATD Review Team decision on disability. Counties shall retain in their files all such original documents, and when Fair Hearings are requested in which degree of disability is at issue, attach copies of all disability documents to the Basis of Action required by Section 22-023.2.

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(Pursuant to Government Code Section 11380.1)

42-205 PERSONALITY AND EMOTIONAL DISORDERS

42-205

.2 Nonqualifying Personality DisordersATD
MN

Persons with the following personality disorders are ineligible in the absence of other major physical impairments or underlying psychiatric illness: (See Diagnostic and Statistical Manual of the American Psychiatric Association, Second Edition, for definitions)

Antisocial Personality 301.7Sexual Deviations 302Alcoholism 303Drug Dependence 304

If other qualifying impairments have not been documented the county medical consultant may disapprove the application on the basis of remediability or lack of totality of disability. A statement from the county medical consultant on the disapproval of the disability shall be submitted to the ATD Review Section at the time denial action is taken by the county.

42-211 MEDICAL EVIDENCE

42-211

.1 Medical Examination RequiredATD
MN

A medical examination by a duly licensed practicing physician is required except as specified in .11 or .22 below or when another examination would prove a hardship for the applicant and the ATD Review Section determines the existing report is acceptable.

To be valid, medical reports shall be based on medical examinations completed no earlier than three months prior to date of application, except when another examination would be a hardship for the individual and the ATD Review Section determines that the existing report is reasonably recent and the condition reported is not likely to have improved.

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42-211 MEDICAL EVIDENCE (Continued)

42-211

ATD
MN

To secure existing evidence as quickly as possible, the county eligibility worker shall ask the applicant to fill out the ATD supplement to the ABDM 201, Form DM 201C; shall obtain his written permission for release of medical information; and shall initiate sending letters to the agencies or hospitals as indicated.

Medical evidence shall include a history and response to any treatment. The examination must be sufficiently comprehensive to determine the extent and degree of the applicant's impairment or impairments. If laboratory work or X-rays are necessary, they shall be ordered by the physician and the results shall be included in his report.

- .11 Where mental retardation is indicated as a major cause of the disability the eligibility worker shall secure psychological and medical reports as needed.

Whenever medical reports indicate mental retardation of such a degree that the applicant is unable to guard against common dangers, is in need of care and supervision or is so retarded that he cannot be properly tested, the psychological examination may be omitted unless requested by the ATD Review Team. Conversely, when an evaluation by a qualified psychologist shows the applicant is too retarded to be tested or has a full scale IQ under 60, the medical examination report (DM-1) may be omitted. In these instances the psychological report may be submitted in lieu of the medical report. Whenever the medical or psychological examination fails to give a clear picture of the severity of the impairment, the ATD Review Team may request additional medical or social information. (See Section 42-211.2.)

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42-211 MEDICAL EVIDENCE (Continued)

42-211

ATD .2 County Responsibility - Supplementary Medical Evidence
MN

The county eligibility worker shall secure and submit supplementary medical evidence if it is available in the files of other agencies and institutions.

.21 Activity Limitations

The activity limitations which the impairment creates shall be included in medical evidence submitted by the physician and shall be complemented by information submitted by the applicant and the eligibility worker on Forms DM-201B, DM-201C or DM-201D.

- .22 Refusal to submit to a psychiatric examination shall not in itself be considered grounds for denial of aid when there is evidence that the disability is based upon a psychosis, and the refusal is the result of this condition. Whenever an applicant refuses to have a psychiatric examination, an immediate referral shall be made for a service assessment on Form ABDM 261. If this referral is refused, the eligibility worker shall send the DM 201 B, the DM 201 C and whatever other material is available to the ATD Review Section for a decision, informing the ATD Review Section of their inability to obtain a psychiatric evaluation.

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If the applicant has a service assessment, a copy of this assessment shall be sent to the ATD Review Section with Forms DM 201 B and DM 201 C.

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42-211 MEDICAL EVIDENCE (Continued)

42-211

ATD
MN

Although the ATD Review Team may waive a psychiatric examination in these cases, it is still necessary to have a DM-1 completed by a licensed physician. This shall be secured in the community by the eligibility worker.

If the applicant refuses to have a psychiatric interview, a physical examination or both, and the ATD Review Team is unable to make a finding of disability on the basis of a social report, the county may deny the application on the basis of applicant's refusal to cooperate.

(See Regulations 40-128, 10-501.4, 10-303.2 and 42-213)

.23 Need for Additional Medical Evidence

If the medical findings are unclear, contradictory or unsubstantiated the county, before submitting its report to the ATD Review Team, shall endeavor to resolve the questions through (1) its medical consultants; (2) contact with the examining physician; and/or (3) obtain an examination by a specialist.

When the medical evidence submitted is insufficient to give the ATD Review Team an adequate picture of the applicant's disability, the team may indicate what further medical information is needed or request more social history for a better understanding of the manner in which the impairment affects the client's functioning. When further medical information is to be obtained, the county medical consultant shall assist the eligibility worker in obtaining information from the examining physician or in securing an examination by a specialist.

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(Pursuant to Government Code Section 11380.1)

42-213 MEDICAL REPORTS (PHYSICAL OR PSYCHIATRIC EXAMINATION)

42-213

ATD .1 General

MN .11 Form of Report

Reports of initial and other examinations shall be made on required Forms DM-1 (Medical Report) or DM-1A (Psychiatric Report) or both where indicated. This requirement may be waived when:

- .111 The examination is done by a specialist (board-certified or eligible for board examinations). In such case an appropriate narrative report is acceptable provided it contains at least the same information requested on the otherwise required forms.
- .112 Where official regulations or other pertinent factors prohibit the release of medical information on Form DM-1, a current report from the agency or physician may be accepted in lieu of Form DM-1 provided it contains the necessary information.
- .113 The report is supplemental in nature and is compiled from clinic or hospital records.
- .114 The report is obtained by the applicant at his own expense. The same requirement as in .112 above with respect to content of such report is also applicable.
- .115 The medical report or records from a hospital or clinic show that applicant's condition is terminal or documents the existence of one of the conditions listed under
Immediate Need (See Section 40-129.3.)

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42-213 MEDICAL REPORTS (PHYSICAL OR PSYCHIATRIC EXAMINATION) (Continued)

42-213

ATD
MN

.12 Currency of Report

A report shall not be considered valid if the examination upon which it is based was completed more than 90 days prior to the date of application unless another examination would prove a hardship for the applicant and the ATD Review Team determines the existing report to be acceptable (also see Section 42-211).

.13 County Review

The county shall review reports of examination for completeness before submission to the ATD Review Team.

.14 Release of Medical Reports

Upon request and with written permission from the applicant or recipient, the county shall supply copies of medical reports to his physician.

.2 Psychiatric Report

When the eligibility worker believes that applicant has a psychiatric impairment or applicant's history with the agency indicates the existence of a mental or emotional problem, he shall arrange for the applicant to have a psychiatric evaluation. The eligibility worker shall include in the referral letter to the psychiatrist a brief summary of the applicant's problem and provide him with appropriate information such as a social assessment if one has been made or a summary of previous contacts. This summary is to inform the psychiatrist of the reasons why the applicant is considered mentally or emotionally disturbed. This information shall be sent in advance of the appointment. The social summary may be in narrative style or Form DM-2 may be used.

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42-213 MEDICAL REPORTS (PHYSICAL OR PSYCHIATRIC EXAMINATION) (Continued)

42-213

ATD
MN.21 Special Procedures

.211 When the applicant has no history of hospitalization, the DM-1A or a narrative report from a psychiatrist shall be used if:

- a. The primary impairment appears to be of emotional or psychiatric origin.
- b. The applicant has or is believed to have a mental impairment in addition to a physical impairment. In these cases the DM-1A shall supplement the DM-1.
- c. Requested by the review team to supplement the DM-1.

.212 When the applicant has been released from a state hospital

- a. A DM-1A or narrative report shall be obtained from a board eligible or board certified psychiatrist.
- b. A DM-1 shall supplement the DM-1A if the applicant has a physical impairment in addition to the mental impairment.
- c. Within three months of release from a state hospital or county mental health facility a current summary from the facility may be submitted in lieu of an additional psychiatric evaluation.
- d. Supplementary social information shall be obtained from the local office of the Community Services Division or the county mental health clinic as appropriate. This information shall be appended to the DM 201 B by the eligibility worker.

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42-213 MEDICAL REPORTS (PHYSICAL OR PSYCHIATRIC EXAMINATION) (Continued)

42-213

ATD
MN

- e. A report supplementary to the DM-1A shall be obtained from the state hospital or county mental health facility if the applicant was released more than three months prior to application and the hospitalization was within the last five years.

42-215 PSYCHOLOGICAL REPORTS

42-215

ATD
MN

- A licensed psychologist or a psychological assistant who meets the requirements of Section 2913 of the Business and Professions Code shall document the existence of mental retardation unless all the other available documentation indicates severe mental retardation, in which case the report of a school psychometrist may be used or the examination waived. (See Section 42-211.11.)
- .1 Reports from a licensed psychologist shall have affixed to them the signature and license number of the psychologist. Reports from a Psychological Assistant shall be countersigned by the licensed psychologist or the board certified psychiatrist employing him and include the employer's license number.
- .2 Psychological Reports for Purpose of Evaluating Mental Retardation
A psychological report given for the purpose of evaluating intelligence shall name the tests given, the mental age, intelligence quotient, interpretation of findings, diagnosis and prognosis.
- .3 Psychological Reports for Purposes other than Mental Retardation
A psychological report given for the purpose of helping to evaluate brain damage, personality disorders or psychosis shall include the tests given, a breakdown by subtests, a performance and verbal IQ, the psychologist's interpretation of findings, his impression of the individual tested and the individual's potentials for employment or homemaking. As this type of report is more comprehensive than a test evaluating only intelligence, payment is made in accordance with the State Department of Finance Schedule of Maximum Allowances. Effective 4/1/70

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(Pursuant to Government Code Section 11380.1)

42-215 PSYCHOLOGICAL REPORTS (Continued)

42-215

ATD
MN

If an applicant refuses to have a psychological evaluation, a referral shall be made for a service assessment and the procedure outlined in Section 42-211.22 shall be followed. The applicant shall be informed that this refusal may lead to a denial on the basis of lack of cooperation.

4 Currency of Reports

- a. There is no time limit on psychological evaluations of intelligence but the findings shall report on the condition of the individual on a reasonably current basis.
- b. When a psychological evaluation for purposes other than mental retardation is submitted, the examination upon which it is based shall have a completion date within 90 days prior to the date of application unless another report would be a hardship on the applicant.

42-217 SOCIAL INFORMATION REPORT

42-217

ATD
MN.1 Required Report and Form

The eligibility worker shall complete the DM 201 B and give or mail Form 201 C, Statement of Facts Regarding Disability, to the applicant to complete, providing assistance in filling out the forms, if indicated. Whenever the applicant appears to be emotionally disturbed or mentally ill the eligibility worker shall make a referral to Social Services for assessment of a possible need for service. (See Regulations 40-128.3 and 42-211.22.) If such a referral is made, the eligibility worker shall obtain a copy of the services summary on either the DM-2 or in narrative style.

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42-217 SOCIAL INFORMATION REPORT (Continued)

42-217

ATD
MN

The eligibility worker shall forward to the ATD Review Section the DM 201 B, the DM 201 C, the social service summary, medical and psychiatric reports, and any other medical documentation. The complete medical-social packet shall be attached to the DM-4 ^{and} transmitted for submission to the team.

.2 Reapplications and Group II Reevaluations

In instances of re-applications made within a year following disapproval by the review team or when a Group II case is to be reevaluated Form DM 201 D, (Restatement of Facts Regarding Disability) shall be substituted for the DM 201 C. (See Sections 40-117.3 and 42-229.)

.3 Purpose and Content

Social information as provided by the eligibility worker on Form DM 201 B and the applicant on Form DM 201 C supplements the medical report and provides the ATD Review Section with information regarding the applicant's competency and ability to function. It enables the ATD Review Team to see the applicant as a person.

When the obtained information is confusing, or there are discrepancies and the picture is unclear and the ATD Review Team is unable to make a decision based on the medical factors, deferral may be made to obtain more comprehensive social information.

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(Pursuant to Government Code Section 11380.1)

42-225 RESPONSIBILITIES OF THE COUNTY MEDICAL CONSULTANT IN ATD
DISABILITY DETERMINATION

42-225

ATD
MN

The county medical consultant shall be available to assist staff in the following areas:

- a. Reviewing medical reports on a sample basis and upon request assisting the eligibility worker in securing additional medical information, when indicated, before the report is forwarded to the State Review Section. (See Section 42-221.)
- b. Reviewing medical reports on a sample basis prior to payment and contacting physicians whose reports are consistently inadequate or are not returned within a reasonable period of time.
- c. Interpreting medical reports and their implications for service referral.
- d. Determining whether an applicant meets the disability requirement for apparent eligibility as provided in Section 40-129.
- e. Helping the eligibility worker determine whether referral for a current medical examination is indicated and the type of examination required (general practitioner, specialist, etc.).
- f. Helping the eligibility worker determine where to refer the applicant for such an examination.
- g. Selecting an appropriate medical examiner if additional medical information is to be obtained as indicated by the ATD Review Team.
- h. Instructing staff as to symptoms of various disabling conditions which are important to be considered in evaluating disability.
- i. Maintaining relationships with the medical profession which will facilitate arranging medical examinations and treatment for ATD recipients as required.

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42-227 REVIEW AND ACTION ON MEDICAL AND SOCIAL INFORMATION REPORTS
BY THE STATE REVIEW TEAM

42-227

.2 Deferrals

ATD
MN

Where reports are inadequate or the information is insufficient, decisions may be deferred until sufficient information is submitted by the county.

42-229 REDETERMINATION OF PERMANENT AND TOTAL DISABILITY

42-229

ATD
MN

1 Continuing Cases

.11 Group I (See Section 42-219)

When continued disability is questioned after the original determination, the county shall ask the ATD Review Section for a redetermination of disability. A new DM-1 and DM 201B with a statement giving the reason why a redetermination is requested shall be submitted. Specialists' reports shall be submitted if requested by the ATD Review Team.

.12 Group II (See Section 42-219)

A periodic medical re-examination is required for recipients who have been classified as Group II and a redetermination of disability shall be made by the ATD Review Section. (See sections 42-217, 42-219 and 42-227.) Whenever the ATD Review Team indicates that services are needed, the recipient shall be referred to the Social Service System. (See Sections 10-302, 10-303 and 10-304)

In addition to the medical report, current social information regarding clients living condition, social functioning and plans for rehabilitation, shall be submitted by the county along with the specific material requested at the time of the previous evaluation. This shall be accompanied by a DM 2, ABDM 201C and when the recipient has been seen by a services worker, a summary of the contacts or a copy of the Service Record. (See Section 10-306)

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42-229 REDETERMINATION OF PERMANENT AND TOTAL DISABILITY (Continued)

42-229

ATD
MN

The data shall be forwarded to the ATD Review Section sufficiently in advance of the due date to enable the ATD Review Team to make its determination and the agency to take appropriate action. (See Section 40-181.11.) The ATD Review Team shall recertify as a Group II case, reclassify to Group I, defer for additional information or disapprove with reasons for the disapproval.

The county shall take appropriate action in accordance with the decision of the ATD Review Team.

.2 Redetermination of Disability Following Denial or Discontinuance - Disability Factor

When a person reapplies for aid after a prior denial or discontinuance because he did not meet the definition of disability, the redetermination of disability shall be the same as in a new application.

.3 Redetermination of Disability Following Denial or Discontinuance - Factors Other Than Disability

.31 When a person who was previously determined to be disabled and placed in Group I, reapplies for aid after a denial or discontinuance because of factors other than disability, no redetermination of disability is required unless there is indication of improvement in the person's physical or mental condition. (See Section 42-227.)

.32 When a person who was previously determined to be disabled and placed in a Group II reapplies for aid after a denial or discontinuance because of factors other than disability, no redetermination of disability is required provided the request for restoration is made prior to the date of re-evaluation and there are no indications of improvement in the person's physical or mental condition. (See Section 42-227)

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(Pursuant to Government Code Section 11380.1)

Regulation 42-209, Determination of Onset of Permanent and Total
Disability - Applicant Does Not Meet Three-Year Residence Requirement,
is to be repealed effective April 1, 1970.

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FOR FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

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FEB 9 - 1970

Office of Administrative Procedure

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(Gov. Code 11380.1)

FEB 9 - 1970

Office of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated February 9, 1970

By: *Ruben Mant*

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

FEB - 9 1970

At 4:45 o'clock P. M.

By *Frank M. Jordan* Secretary of State

Assistant Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

42-340 UNEMPLOYMENT OF A PARENT (Continued)

42-340

AFDC .4 Deprivation Due To Unemployment of Mother

- .41 When the mother is the only parent in the home, deprivation due to unemployment exists if the mother meets the conditions in Section 42-340.1 and 42-340.2.
- .42 When the father is living in the home with the mother and he is employed 152 or more hours per month, deprivation due to the unemployment of the mother exists when she meets the conditions in Section 42-340.1 and 42-340.2 and she:
 - .421 Has a satisfactory plan for care of the children, and
 - .422 Has the ability to work and to care for the family, and
 - .423 Has been in the labor market, and/or
 - .424 Has a valid and workable plan for employment.

42-350 CONTINUED ABSENCE OF A PARENT

42-350

AFDC .1 Definition of "Continued Absence"

"Continued absence" exists when the natural parent is physically absent from the home and the nature of the absence constitutes dissociation, that is, a substantial severance of marital and family ties that deprives the child of at least one of its natural parents.

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

42-350 CONTINUED ABSENCE OF A PARENT (Continued)

42-350

AFDC

A substantial severance of marital and family ties means that the absence is accompanied by a definite interruption of or marked reduction in marital and family responsibilities and relationships compared to previously existing conditions.

"Continued absence" does not exist:

- .11 When one parent is physically absent from the home on a temporary basis. Examples are visits, trips made in connection with current or prospective employment, active duty in the Armed Services.
- .12 When both parents are maintaining a home together but the child lives elsewhere. It is immaterial whether the child lives with a relative or in foster care as a result of placement by the parents, by an agency acting on behalf of the parents, or by an authoritative agency.

.2 Circumstances That Meet the Definition of "Continued Absence"

The physical absence of a parent from the home in conjunction with any one of the following circumstances shall be considered to meet the definition of "continued absence":

- .21 The parents are not married to each other and have not maintained a home together.
- .22 The parent
 - .221 Is not legally able to return to the home because of confinement in a penal or correctional institution, or
 - .222 Has been deported, or
 - .223 Has voluntarily left the country because of the threat of, or the knowledge that he or she is subject to deportation.
- .23 A parent has filed, or retained legal counsel for the purpose of filing an action for dissolution of marriage, for a judgment of nullity, or for legal separation.
- .24 The court has issued an injunction forbidding the parent to visit the spouse or child.
- .25 The remaining parent has presented a signed, written statement that the other parent has left the family and that dissociation within the definition of "continued absence" exists.
- .26 Both parents are physically out of the home and their whereabouts are not known.

.3 Beginning Date of "Continued Absence"

Deprivation due to "continued absence" exists as of the date that one of the foregoing circumstances occurs, as shown by evidence presented in accordance with Section 42-350.4.

.4 Evidence of "Continued Absence"

- .41 If one parent is absent as defined in Section 42-350.2. above, the written statement of the applicant or recipient parent is sufficient evidence of "continued absence" unless conflicting information is known to the county.

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FOR FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

42-350 CONTINUED ABSENCE OF A PARENT (Continued)

42-350

AFDC

.42 If conflicting information is known to the county, the written statement of the applicant or recipient parent must be corroborated by at least one of the following:

- a. Other evidence indicating "continued absence," which may include written statements of the absent parent or other persons with prior knowledge of the family relationship; or
- b. Evidence of the actions of the applicant or the recipient or the absent parent that clearly indicate not only the physical absence of the other parent but also dissociation as defined above.

.5 Circumstances That Do Not Affect Deprivation Due to "Continued Absence"

Deprivation due to "continued absence" is not affected by the following circumstances, provided the absent parent continues to live apart from the child and dissociation continues:

- .51 Visits to the home to see the child, as the parent has the right and should be encouraged to visit his or her child unless visitation is legally prohibited.
- .52 Visits of short duration to see the deported parent.
- .53 Financial contributions of an absent parent to the support of the child.

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The revision of the regulations of the State Department of Social Welfare contained in Section 42-350 (formerly Section 42-311) and Section 42-340.4 of the Eligibility and Assistance Standards are emergency measures necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

The following facts constitute the emergency:

1. On September 12, 1969, the United States District Court for the Northern District of California ruled in the case of Damico v. State of California that the provisions of Section 11254 of the Welfare and Institutions Code and implementing regulation Section 42-311, subsequently recodified to become Section 42-350 of the State Department of Social Welfare Eligibility and Assistance Standards, were in conflict with the controlling federal law and the primary purpose of the Aid to Families with Dependent Children program and therefore invalid and unenforceable.
2. Subsequently, the Department by telegram advised all counties of the court's order and provided them with interim instructions of a general nature to enable them to comply with the order.
3. Section 402(a)(1) of the Social Security Act requires as a condition for federal funding statewide uniformity of application of the laws and regulations governing the Aid to Families with Dependent Children program.
4. The counties have been and now are without specific and clear guidelines as to how to comply with and to implement the court order with the result that there may develop a disparity of administration among the counties with a concurrent lack of statewide uniformity.
5. The provisions of Regulation Section 42-340.4 are closely related to Section 42-350 and must, therefore, be revised to maintain consistency within the regulatory structure of the Department.
6. Adoption of the regulations listed above to be effective upon filing with the Secretary of State is required for the establishment and maintenance of statewide uniformity of the state plan under which California receives federal funds, to prevent further legal proceedings, and to prevent the possible loss of federal funds, all of which is required for the immediate preservation of the public health, safety and general welfare of the people of this state.

The regulations listed above must, therefore, be adopted as emergency regulations effective upon filing with the Secretary of State.

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FACE SHEET
 FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

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MAR 16 1970

Office of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: March 16, 1970

By:

Director

(Title)

FILED

In the office of the Secretary of State
 of the State of California

MAR 16 1970

At 3:35 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By: Assistant Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

DEPARTMENT BULLETIN NO. 654

TO: COUNTY WELFARE DEPARTMENTS

FAMILY DAY CARE NONDISCRIMINATION EFFECTIVE MARCH 16, 1970

This Bulletin has been adopted with a Finding of Emergency to be effective immediately upon filing with the Secretary of State. It is issued to comply with an order of the United States District Court for the Northern District of California (Barker v. Chope) which ruled on February 18, 1970, that it is unconstitutional to license Family Day Care Homes which discriminate on the basis of race, color, religion, national origin, or ancestry. The State Department of Social Welfare was directed to develop, promulgate and enforce regulations to implement this order immediately. It is contemplated that regulations supplanting this Bulletin will be heard at a Public Hearing in April 1970 and adopted shortly afterwards.

1. FAMILY DAY CARE HOMES - NONDISCRIMINATION

1. Each Family Day Care Home shall establish admission criteria designed to guide in the selection of children who can benefit most from the services it has to offer. Such admission policies and services shall be nondiscriminatory and shall not include factors of race, color, religion, national origin, or ancestry.
2. Each Family Day Care Home licensee shall sign a statement assuring that the services of the home will be made available without discrimination on the basis of race, color, religion, national origin or ancestry.

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Effective March 16, 1970

CONTINUATION SHEET
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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

II. METHOD OF IMPLEMENTATION

1. Each county welfare department will immediately send to all licensed family day care homes within the county a form reading essentially as set forth in III, below, with instructions that the signed form or the license must be returned within two weeks. If a licensee refuses to sign, the county welfare department shall make a concerted effort to persuade the licensee to conform with the new requirement. If these efforts are not productive, the county shall recommend to the State Department of Social Welfare that the license be revoked.
2. After the effective date hereof, no new license for operation of the family day care home shall be issued by a county unless the applicant furnishes the required nondiscrimination statement.

III. PROPOSED FORM

I/We _____ and _____, holders of License No. _____, issued by the County of _____ on _____, licensing us to care for children as a Family Day Care Home, hereby state that the services of the home will be made available to all children without regard to race, color, religion, national origin, or ancestry. We acknowledge that a failure to comply with this statement is cause for the revocation of said license.

Signed _____

Date _____

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Effective March 16, 1970

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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The following regulation is an emergency measure necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

Department Bulletin No. 654 - "Nondiscrimination as a Condition of Licensure for Family Day Care Facilities"

The following facts constitute the emergency with respect to the above regulation:

1. On February 18, 1970, a Temporary Restraining Order was issued by the United States District Court for the Northern District of California ordering the defendants, Robert Martin individually and as Director of California State Department of Social Welfare, et al., to, among other things, "cease licensing day care homes or centers that discriminate racially in the admission or exclusion of children."
2. The failure to comply with this order by the immediate promulgation of the necessary regulations would result in the continued existence of discriminatory practices constituting a deliberate failure to comply with the law as interpreted by the United States District Court.
3. To allow the continuation of these discriminatory practices would also constitute an unlawful denial of the equal protection of the laws as guaranteed by the United States Constitution.
4. Therefore, the failure to adopt the Bulletin would necessarily be contrary to the public health, safety and general welfare.

Adoption of the above-described Bulletin is, therefore required, effective immediately upon filing with the Secretary of State.

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(Pursuant to Government Code Section 11380.1)

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MAR 16 1970

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: March 5, 1970

By: *Robert Hunter*

Director

(Title)

FILED
In the office of the Secretary of State
of the State of California

MAR 16 1970

At 3:30 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By: *Frank M. Jordan*
Assistant Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554, and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

44-265 SPECIAL NEED IN AFDC FAMILY GROUPS

44-265

AFDC.1 General Requirement

Special need, that is, needs not common to all recipients as defined in Section 44-203.3, shall be allowed in the assistance budget subject to the limitations and conditions otherwise specified in Section 44-265 through 44-279. For special need in foster care cases, see Section 44-280.

The recipient's statement on special need shall be accepted unless there is conflicting information.

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Effective May 1, 1970

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(Pursuant to Government Code Section 11380.1)

44-265 SPECIAL NEED IN AFDC FAMILY GROUPS (Continued)

44-265

AFDC .2 State Participation in Payments for Special Need

State participation in the payment of special need through the assistance payment shall be limited by the maximum participation base and shall be available only for items specified below:

Excessive cost of utilities (Section 44-266)

Telephone (Section 44-268)

Clothing (Section 44-270)

Household supplies and essential equipment (Section 44-272)

Laundry (Section 44-274)

Transportation essential to home management (Section 44-276)

Housekeeping service (Section 44-278)

Therapeutic diet (Section 44-279)

.3 General Exclusions from State Participation

State participation is not available in payments:

.31 Beyond the minimum need amount for personal needs, recreation, education and incidentals, and housing (except for critical short-term shelter need authorized in accordance with Chapter 45-100, "Special Shelter Payments").

.32 For any special need item available to the AFDC family without cost.

.33 For service-connected expenses (see Section 10-305).

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FOR LONG ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

44-265 SPECIAL NEED IN AFDC FAMILY GROUPS (Continued)

44-265

44-265 .4 Ceilings

If no ceiling is established for a special need item, the county shall
allow the actual cost up to an amount which it establishes as the
reasonable cost in the community for such item.

.5 Needs That Do Not Occur Monthly

The cost of special need items that do not occur monthly shall be allowed in
a single month or prorated over several months, dependent upon plans the
family is able to make, the total cost of the items and the participating
base.

.6 Implementation

.61 The provisions of Sections 44-265 through 44-280 shall be implemented
as soon as feasible after the effective date of the regulations
and shall be fully operative by not later than August 1, 1970.

.62 Any limitations in Sections 44-265 through 44-280 shall not be applic-
able with respect to obligations and agreements incurred and made by
any county welfare department with a recipient before the effective
date of these regulations or before their implementation by the county
currently responsible for the payment of aid.

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Effective May 1, 1970

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 FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-265 SPECIAL NEED IN AFDC FAMILY GROUPS (Continued)

44-265

.7 Cross-Reference Chart of Regulatory Provisions for Meeting Need

Item	AFDC Grant		Service-connected Expense	Other
	Minimum Needs	Special Needs		
Child Care	None	None	30-305.45	
Clothing	44-212.4	44-270;280.11	(30-305.41)	
Education/Incidentals	44-212.5	None	(30-305.43)	
Food	44-212.3	(44-279)	30-305.41	
Health Care Service	None	44-280.13	30-305.42	Medi-Cal
Homemaker Service	None	None	30-305.49	
HH Equipment	44-212.5	44-272;280.2	None	
HH Supplies	44-212.5	44-272;280.2	None	
Housekeeping Service	None	44-278		
Housing	44-212.1	None	None	45-100
Laundry	44-212.5	44-274	None	
Moving Expense	None	None	30-305.47	
Personal Needs	44-212.4	None	(30-305.41)	
Recreation	44-212.4	None	None	
Telephone	None	44-268;280.2	None	
Therapeutic Diet	None	44-279;280.12	None	
Transportation	44-212.5	44-276	(30-305.41)	
Travel & Per Diem	None	None	30-305.46	
Utilities	44-212.2	44-266	None	

Effective May 1, 1970

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(Pursuant to Government Code Section 11380.1)

44-266 SPECIAL NEED FOR EXCESSIVE COST OF UTILITIES

44-266

AFDC The difference between the minimum need allowance for utilities and the monthly average of the actual cost of utilities shall be allowed when the / ^{monthly} average cost is ^{\$5.00} / or more above the minimum need allowance. The maximum allowed each month shall not exceed the ceiling set by the county in accordance with Section 44-265.4.

44-268 SPECIAL NEED FOR TELEPHONE

44-268

AFDC The / ^{cost of connection} and the minimum monthly cost of a telephone shall be allowed when there is no telephone available in close proximity for use in emergencies.

44-270 SPECIAL NEED FOR CLOTHING

44-270

- AFDC .1 The cost of bringing the family's supply of clothing to an adequate level for minimum health and decency shall be allowed when a family has an insufficient supply at the time aid is granted or restored or the child goes to live with a relative. (For special need allowance when child is placed in foster care, see Section 44-280.1.)
- .2 The cost of replacing the family's supply of clothing adequate for minimum ^{only when} health and decency shall be allowed / clothing is lost due to catastrophe.

44-272 SPECIAL NEED FOR HOUSEHOLD SUPPLIES AND FOR ESSENTIAL EQUIPMENT 44-272

- AFDC .1. Household Supplies
The actual cost above the minimum need amount for household supplies (see Section 44-212.5) shall be allowed:
- .11 When the family does not have the item(s) at the time aid is granted or restored, or
- .12 When the recipient family loses the item(s) due to a catastrophe, or

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(Pursuant to Government Code Section 11380.1)

44-272 SPECIAL NEED FOR HOUSEHOLD SUPPLIES AND FOR ESSENTIAL

EQUIPMENT (Continued)

44-272

- .13 When there is substantial additional cost associated with the care of a person in the family budget unit, such as that caused by enuresis, a health problem or similar condition.

.2 Household Equipment

- .21 The cost of purchasing or repairing household equipment essential to health and maintenance of the family in its home shall be allowed under the following circumstances:

.211 When the family does not have the item.

.212 When the family has an item which requires repair, or replacement if the cost of repair is not economically sound, and the cost of repair or replacement is \$25 or more.

- .22 When it is determined that the circumstances described above exist, and the item is listed in Section 44-272.23, the full cost of purchase shall be allowed up to the amount specified in Section 44-245 (Household Equipment and Furniture Schedule). The cost of repair shall be allowed not to exceed the amount for which such repair can reasonably be obtained.

- .23 For purposes of this section, "essential household equipment" is limited to the following items in usable condition: cooking stove, refrigerator, washing machine, iron, space heater if the home has no furnace, dining table and chairs, bed (frame, spring and mattress), chest of drawers, cooking and eating utensils and dishes, studio couch, reading lamp.

Effective May 1, 1970

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FOILING ADMINISTRATIVE REGULATION
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(Pursuant to Government Code Section 11380.1)

44-274 SPECIAL NEED FOR LAUNDRY

44-274

AFM The average monthly cost of laundry done outside the home shall be allowed when the family has no washing machine in operating condition.

44-276 SPECIAL NEED FOR TRANSPORTATION ESSENTIAL TO

44-276

HOME MANAGEMENT

AFM.1 The difference between the total minimum need allowance to the family for transportation and the actual cost of the most feasible means of transportation, as determined by the Income Maintenance System, shall be allowed when essential to shopping for food, clothing and other supplies needed by the family and:

.11 The family caretaker has a physical disability that limits mobility, or

.12 The family lives at a distance from shopping places and public transportation is not available.

.2 The amount allowed shall be subject to the conditions and limitations specified in Section 44-114, except that:

.21 No special need shall be allowed for the purchase of a vehicle and

.22 No special need shall be allowed for the cost of operating a vehicle to the extent that the cost is an expense of employment (See Section 44-113.233) or a service-connected expense (See Section 10-305).

44-278 SPECIAL NEED FOR HOUSEKEEPING SERVICE

44-278

AFM The average monthly cost of employing someone to do the cooking, washing, ironing, household cleaning and similar chores shall be allowed when the family caretaker is too disabled to perform any one or more of these functions.

Effective May 1, 1970

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CONTINUATION SHEET
FOILING ADMINISTRATIVE REGULATION WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-278 SPECIAL NEED FOR HOUSEKEEPING SERVICE (Continued)

44-278

AFDC No allowance shall be made for this purpose if the Services System is providing homemaker services to the family. (See Section 10-053.5.)

44-279 SPECIAL NEED FOR THERAPEUTIC DIET

44-279

AFDC .1 Special need for a therapeutic diet shall be authorized when a doctor or other practitioner recommends one or a combination of the diets listed below, except that final determination of the need for a therapeutic diet may be based on consultation with the county medical consultant. The allowance may continue for no more than one year unless continuation is resubstantiated as provided above.

No special need shall be authorized for a diet other than one of those listed below nor shall the amount allowed for a combination diet exceed that specified for the highest cost diet included in the recommended diet plan.

.2 The amount for additional cost of a therapeutic diet shall be as follows, established on the basis of the October 1968 AFDC food pricing survey:

\$15 Diabetic, 2200 calories or more

High caloric - high protein (including special formula for infant)

Lactation (while breast feeding)

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Effective May 1, 1970

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(Pursuant to Government Code Section 11380.1)

44-279 SPECIAL NEED FOR THERAPEUTIC DIET (Continued)

44-279

AFDC/

\$9 Diabetic, under 2200 calories

Bland

Low fat - low cholesterol

Low salt (sodium, under 3 grams)

Pregnancy (from 4th month)

44-280 SPECIAL NEED FOR CHILD IN FOSTER CARE

44-280

AFDC/

1 For Payment to Foster Family or Institution

Items not included in the basic foster care rate established as specified in Section 10-225 shall be allowed as follows:

- .11 For additional clothing, including an initial supply of clothing and school or other uniform.
- .12 For therapeutic diet as specified in Section 44-279.
- .13 For medical, dental, psychiatric treatment and other related care which is not provided by the agency or institution and is not provided by the Medi-Cal program.

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-280 SPECIAL NEED FOR CHILD IN FOSTER CARE

44-280

AFDC 1.2 For Payment to the Child's Own Caretaker

Items which are prerequisite to return of the child to his own home, such as telephone, essential furniture, household equipment and supplies, shall be allowed when the services plan is for the child to be returned to the home within 30 days and eligibility for AFDC-family group will exist.

Amounts shall be allowed subject to limitations applicable when the item is allowed to an AFDC family group.

.3 Exclusions

No amount shall be allowed as special need:

.31 For items other than those specified in Sections 44-280.1 and 44-280.2 above.

.32 For any special need item available to the child or prospective caretaker without cost.

.33 For service-connected expenses (see Section 10-305).

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Effective May 1, 1970

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FOI LING ADMINISTRATIVE REGULATIONS JS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following regulations are to be repealed effective May 1, 1970:

- 44-267 Special Need Related to Children Who Require Protection
- 44-269 Special Need Related To Children With Special Problems
- 44-271 Special Needs Related To Children In Foster Care
- 44-273 Special Need Related To Family Disruption
- 44-275 Special Need Related To Unmarried Parents And Their Children
- 44-277 Special Need Related To Families With Money Problems

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FOILING ADMINISTRATIVE REGULATION WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

10-305 Allowable Service-Connected Expenses for Families and Children 10-305AFDC.1 General Conditions

Allowable service-connected expenses of AFDC recipients, including former and potential recipients (Section 10-072) where the county elects to include them under its county plan, shall be paid from administrative funds as case service costs if all of the following conditions are met:

.11 The expense is not met from earnings (Section 44-113.23),

and

.12 The expense is not for a ^{minimum} / or special need specifically included in the AFDC standard of assistance. Needs specifically provided for in the AFDC standard are allowed for payment only through the assistance grant (See Section 44-265), and

.13 The service-connected expense is specifically provided for by the services system in the service plan developed with the family (See Section 10-304).

.2 Services Covered

The services for which reimbursement for expenses is appropriate, under conditions set forth in .4 below, include:

.21 Those required services listed in 10-051 and described in Division 30.

.22 Those recommended services for which the county makes provision in the county plan which are listed in 10-053 and described in Division 31.

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Effective May 1, 1970

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

10-305

10-305 Allowable Service-Connected Expenses for Families and Children (continued)

AFDC.3 Persons Covered

Persons receiving service, for whom reimbursement for expenses is appropriate, include:

.31 AFDC applicants and recipients: All of the services described in 10-305.2.

.32 Former and potential recipients: Each specific required service and each recommended service which the county has elected to cover, as shown in the county plan.

.4 Reimbursable Expenses

The following service-connected expenses, when included in the service plan developed with the family, are reimbursable and, where authorized by the services system, shall be met from administrative funds:

.41 Those expenses not reimbursed as income deductions or through other means, which are necessary to assist individuals to seek employment opportunities, to obtain employment and otherwise achieve and maintain self-sufficiency. This includes allowable expenses of individuals for costs of supportive services which are attributable to their participation in training or a work experience project (See Sections 30-153 and 31-204.4.)

.42 Health care service expenses, to the extent that such costs are not met through the Medi-Cal program or other resources. Specifically:

.421 Medical examinations necessary to determine employment readiness (See Section 30-154).

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Effective May 1, 1970

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

10-305

10-305 Allowable Service-Connected Expenses for Families and Children (Continued)

AFDC

- .422 Medical and remedial care expenses which are part of family planning services, i.e., medical contraceptive services not provided through the Medi-Cal Program (diagnosis, treatment, supplies and follow-up).
- .423 Required medical examination expenses for persons caring for children supported in whole or in part through county welfare department funds.
- .424 The expense of identifying health problems of children in child care facilities.
- .425 The expense of medical diagnosis and consultation when necessary to carry out services responsibilities.
- .43 Special educational costs (See Chapter 30-200 and Section 30-204.64).
- .44 Expenses of carrying out an educational or training plan where the county has elected to provide the recommended Educational and Training Services program (See Chapter 31-200 and Section 31-204.4).
- .45 Child care expenses not met from earnings (See Chapter 30-350).
- .46 Travel and per diem expenses of children and parents to obtain consultation or health care or to otherwise implement a service plan when obtained or implemented through an agency or individual other than the county welfare department and its employees. Reimbursement shall be in accord with guidelines established by the county in relation to such allowances.

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Effective May 1, 1970

CONTINUATION SHEET
FOL LING ADMINISTRATIVE REGULATION IS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

10-305 Allowable Service-Connected Expenses for Families and Children (Continued) 10-305

AFDC

- .47 Moving expenses where necessary to correct hazardous living conditions (See Chapter 30-200 and Section 30-204.65).
- .48 Costs of purchasing a Service (See Section 10-034).
- .49 Homemaker expenses where the county has elected to provide the recommended Homemaker Service for Children (See Chapter 56-120).

.5 Implementation

To the extent that the reimbursable expenses listed in 10-305.4 above require expenditure of administrative funds for items not heretofore provided through this funding source (e.g., moving expenses) the provisions of Section 10-305 are subject to implementation as soon as feasible after the effective date of the regulation and by no later than August 1, 1970.

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Effective May 1, 1970

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

MAR 20 1970

Office of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.1)

MAR 20 1970

Office of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare
(Agency)

Dated: March 20, 1970

By: Robert Maut

Director
(Title)

FILED

In the office of the Secretary of State
of the State of California

MAR 20 1970

At 10:10 o'clock A.M. *d.g.*

FRANK M. JORDAN, Secretary of State

By: [Signature]
Assistant Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

FINDING OF EMERGENCY

The following regulation is an emergency measure necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

Department Bulletin No. 655 - "Increases in Social Security Benefits"

The following facts constitute the emergency:

1. The Tax Reform Act of 1969 (P. L. 91-172) requires that certain increases in Social Security benefits provided by that Act be disregarded in the computation of welfare benefits paid under the federally supported public assistance programs of Old Age Assistance, Aid to the Blind, Aid to the Needy Disabled and Aid to Families with Dependent Children.
2. These increases, although effective as of January, 1970, will in fact reach the beneficiaries in April, 1970 and will affect the April, 1970 grants of in excess of 300,000 welfare recipients.
3. The regulations contained in the above-described Bulletin are necessary in order to require the counties to make the grant computations for April, 1970, in accordance with the provisions of the Tax Reform Act.

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CONTINUATION SHEET
F FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

4. Unless the regulations contained in the above-described Bulletin are adopted as emergency regulations, effective upon filing with the Secretary of State, a failure promptly to implement the beneficial provisions of an Act of Congress might result.
5. Denial of the benefits conferred by Act of Congress, even temporarily, would necessarily have an adverse effect upon the health, safety, and general welfare of the persons affected and thereby the people of this State.

Adoption of the above-described Bulletin is therefore, required effective immediately upon filing with the Secretary of State.

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I CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

EMERGENCY REGULATION

DEPARTMENT BULLETIN 655

SUBJECT: INCREASE IN SOCIAL SECURITY BENEFITS

EFFECTIVE IMMEDIATELY

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Effective March 20, 1970

CONTINUATION SHEET
F FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

March 20, 1970

DEPARTMENT BULLETIN NO. 655

EMERGENCY REGULATION GOVERNING INCREASE IN SOCIAL SECURITY BENEFITS
(TAX REFORM ACT OF 1969, P.L.91-172 (HR 13270))

The subject matter of this Emergency Regulation was previously communicated by Circular Letter 2409, dated January 27, 1970. It has become necessary to implement the provisions of the Tax Reform Act of 1969 by formal regulation. This Bulletin serves this purpose. Please refer to the Circular Letter.

The Tax Reform Act of 1969 recently adopted by the U.S. Congress and signed into law by the President increased the benefits payable to OASDHI beneficiaries effective January 1, 1970. Sections of this Act also require the disregarding of the total of this increase for certain months and a portion of it for others when computing grants of certain public assistance recipients. (See attached chart.)

The purpose of this Bulletin is to implement these provisions.

1. Increase in Benefit Payments to OASDHI Beneficiaries

The Tax Reform Act provides an increase in benefit payments effective January 1, 1970, approximating 15 percent for most beneficiaries on the social security rolls. The minimum benefit for a worker retired at age 65 is increased from \$55 a month to \$64 a month. Although effective January 1, 1970, the increases will not be received by beneficiaries until in April 1970. Except as provided in Sections 2 and 3 below, the increased payments shall be taken into consideration in determining the April 1970 public assistance payments and "share of cost" for medically needy persons, pursuant to existing regulations.

The attached conversion tables show the benefit increase for a worker or his wife (or husband) who started receiving benefits at age 65 or over, or for a widow who started receiving benefits at age 62 or over.

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Effective March 20, 1970

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

Conversion tables showing the exact amount of the increase for every benefit payment and every type of beneficiary are not feasible. Therefore, in those situations where the increase cannot be determined from the attached conversion tables, the approximate new rate should be computed by adding 15 percent to the current benefit.

OASDHI has a maximum family benefit and this maximum was not increased across the board by 15 percent. Therefore, in those relatively few situations where the maximum family benefit controls the payment, the amount of increase may not total 15 percent.

In all instances determination of the exact amount of the new benefit payment shall be made with the recipient at the time of the next contact (contact by an eligibility worker in counties who have separated services from income maintenance) after April 3, 1970, but no later than the next eligibility investigation following April 3, 1970. April 3 is the date the social security checks for March should be received. The checks for March will be the first checks to show the new amounts.

The Social Security District Office should be asked to provide information on benefit payments in only the most unusual situations such as where the amount reported by the recipient is inconsistent with other available information and the 15 percent increase formula.

2. Disregard the Increase for January and February 1970

The Tax Reform Act of 1969 provides that in computing the grants for public assistance recipients, the total amount of the increase in the social security payment for the months of January and February, which is created by the Tax Reform Act, shall be disregarded. The retroactive payment covering the increases in social security for January and February should be received by the beneficiaries on approximately April 20, as a separate lump sum payment.

This disregard provision applies to AB, AFDC, ATD and OAS and also in determining "share of cost" in the MN program. It does not apply to APSB.

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Effective March 20, 1970

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

3. Disregard Additional Amount

The \$4 of the increase in social security benefits paid for the months of March, April and May and received during April, May and June shall be disregarded in computing the assistance grants of beneficiaries who are receiving AB, ATD and OAS, but not in the AFDC program or AFDC linked MN cases, or the APSB program. Four dollars of the increase is also disregarded in determining "share of cost" in April, May and June for OAS, AB and ATD linked MN cases. This disregard is in addition to the exemption provided for in M/S 44-111.11.

It should be noted that Social Security payments are made after the fact, whereas, welfare payments are made at the beginning of the month for the month, thus the difference in the months stated above. The disregard provision ceases after the welfare payments made for the month of June.

4. Railroad Retirement Benefits

There are some recipients of Railroad Retirement Benefits who may receive some increase in their benefits as a result of any change in the benefit payments under the Social Security Act. This is because, under certain circumstances, the railroad retirement benefit is computed on a formula which takes into consideration the amount that would be paid under the Social Security Act. We have been informed by the Railroad Retirement Board that very few retired railroad employees will benefit from the present change in the Social Security Act. However, it is probable that up to 70 percent of the persons receiving dependent or survivor's benefits will receive some increase because of the increase under the Social Security Act. Such increases will be made automatically but will be so related to individual determinations that it is not possible to provide a chart of such increases.

We have also been informed by the Railroad Retirement Board that persons receiving dependent or survivor's benefits whose benefit amounts have in the past ended in an even amount will receive an increase. Persons whose benefits have ended in 5 cents will most likely not receive an increase. However, a few will receive an increase. It will be necessary to obtain information from the beneficiary as to any increase he receives in his benefit.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

In contrast to the OASDHI Beneficiary, the Railroad Retirement Beneficiary, who receives an increase, will only receive one check in April. This check will combine both the regular payment for March and the retroactive increase adjustment for January and February. We have been advised that under the signature on the checks there will be printed figures which will show what portion of the check is the payment for March. This will also be the continuing award. The difference between these figures and the amount of the check constitutes the retroactive payment for January and February and is the only part of the increase which is to be disregarded. The disregard described in 3 above, does not apply to increases in Railroad Retirement benefits. Verification through the Railroad Retirement Board in Chicago should be kept to a minimum.

5. Notification to Recipients

A notice explaining the change in grant or "share of cost" must be sent to each recipient. Time does not permit the State to print notices for this purpose.

It is suggested that the appropriate one of the notifications attached to Circular Letter No. 2409, or similar ones prepared by the county, be sent to recipients explaining this grant change or change in "share of cost."

These form notices may be used if the only change is that occasioned by the Social Security increase. If there are other changes which affect the grant to which the recipient is eligible or his "share of cost," the usual notice of action must be sent.

This Bulletin[#] expires June 30, 1970,
Attachment

Effective March 20, 1970

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

PROGRAM AND AMOUNT OF OASDHI INCREASE TO BE DISREGARDED

PROGRAM	OASDHI Payment for Month of:					
	January ¹	February ¹	March ²	April ³	May ⁴	June ⁵
OAS and OAS-MN	All	All	\$ 4.00	\$ 4.00	\$ 4.00	None
AB and AB-MN	All	All	4.00	4.00	4.00	None
APSB	None	None	None	None	None	None
ATD and ATD-MN	All	All	4.00	4.00	4.00	None
AFDC and AFDC-MN	All	All	None	None	None	None

¹ To be received as lump sum approx. April 20, 1970

² To be received April 3, 1970

³ To be received May 4, 1970

⁴ To be received June 3, 1970

⁵ To be received July 3, 1970

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Effective March 20, 1970

CONTINUATION SHEET
 1 FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

TABLE 1

RETIRED WORKER'S BENEFIT INCREASE

PREVIOUS BENEFIT	NEW BENEFIT	PREVIOUS BENEFIT	NEW BENEFIT	PREVIOUS BENEFIT	NEW BENEFIT
55.00		95.60	110.00	137.90	158.60
55.40	64.00	96.80	111.40	139.10	160.00
56.50	65.00	98.00	112.70	140.40	161.50
57.70	66.40	99.30	114.20	141.50	162.80
58.80	67.70	100.50	115.60	142.80	164.30
59.90	68.90	101.60	116.90	144.00	165.60
61.10	70.30	102.90	118.40	145.10	166.90
62.20	71.60	104.10	119.80	146.40	168.40
63.30	72.80	105.20	121.00	147.60	169.80
64.50	74.20	106.50	122.50	148.90	171.30
65.60	75.50	107.70	123.90	150.00	172.50
66.70	76.80	108.90	125.30	151.20	173.90
67.80	78.00	110.10	126.70	152.50	175.40
69.00	79.40	111.40	128.20	153.60	176.70
70.20	80.80	112.60	129.50	154.90	178.20
71.50	82.30	113.70	130.80	156.00	179.40
72.60	83.50	115.00	132.30	157.10	180.70
73.80	84.90	116.20	133.70	158.20	182.00
75.10	86.40	117.30	134.90	159.40	183.40
76.30	87.80	118.60	136.40	160.50	184.60
77.50	89.20	119.80	137.80	161.60	185.90
78.70	90.60	121.00	139.20	162.80	187.30
79.90	91.90	122.20	140.60	163.90	188.50
81.10	93.30	123.40	142.00	165.00	189.80
82.30	94.70	124.70	143.50	166.20	191.20
83.60	96.20	125.80	144.70	167.30	192.40
84.70	97.50	127.10	146.20	168.40	193.70
85.90	98.80	128.30	147.60	169.50	195.00
87.20	100.30	129.40	148.90	170.70	196.40
88.40	101.70	130.70	150.40	171.80	197.60
89.50	103.00	131.90	151.70	172.90	198.90
90.80	104.50	133.00	153.00	174.10	200.30
92.00	105.80	134.30	154.50	175.20	201.50
93.20	107.20	135.50	155.90	176.30	202.80
94.40	108.60	136.80	157.40		

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Effective March 20, 1970

CONTINUATION SHEET
1 FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

TABLE 2

WIFE'S BENEFIT INCREASE

PREVIOUS BENEFIT	NEW BENEFIT	PREVIOUS BENEFIT	NEW BENEFIT	PREVIOUS BENEFIT	NEW BENEFIT
27.50	31.60	42.40	48.80	60.50	69.60
		43.00	49.50	61.10	70.30
		43.60	50.10	61.70	71.00
		44.20	50.80	62.40	71.80
		44.80	51.50	62.90	72.30
27.70	31.90	45.40	52.20	63.60	73.10
28.30	32.60	46.00	52.90	64.20	73.80
28.90	33.20	46.60	53.60	64.70	74.40
29.40	33.80	47.20	54.30	65.40	75.20
30.00	34.50	47.80	55.00	66.00	75.90
30.60	35.20	48.40	55.70	66.50	76.50
31.10	35.80	49.00	56.40	67.20	77.30
31.70	36.50	49.70	57.20	67.80	78.00
32.30	37.20	50.30	57.90	68.40	78.70
32.80	37.70	50.80	58.40	69.00	79.40
33.40	38.40	51.50	59.20	69.60	80.00
33.90	39.00	52.10	59.90	70.20	80.70
34.50	39.70	52.60	60.50	70.80	81.40
35.10	40.40	53.30	61.30	71.40	82.10
35.80	41.20	53.90	62.00	72.00	82.80
36.30	41.80	54.50	62.70	72.60	83.50
36.90	42.40	55.10	63.40	73.20	84.20
37.60	43.20	55.70	64.10	73.80	84.90
38.20	43.90	56.30	64.80	74.50	85.70
38.80	44.60	56.90	65.40	75.00	86.30
39.40	45.30	57.50	66.10	75.60	86.90
40.00	46.00	58.10	66.80	76.30	87.80
40.60	46.70	58.70	67.50	76.80	88.30
41.20	47.40	59.30	68.20		
41.80	48.10	59.90	68.90		

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CONTINUATION SHEET
 I FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

TABLE 3
 WIDOW'S BENEFIT INCREASE

PREVIOUS BENEFIT	NEW BENEFIT	PREVIOUS BENEFIT	NEW BENEFIT	PREVIOUS BENEFIT	NEW BENEFIT
55.00	63.20	77.90	89.60	107.90	124.10
		78.90	90.70	108.90	125.20
		79.90	91.90	109.80	126.30
		80.90	93.00	110.80	127.40
		82.00	94.30	111.80	128.60
55.10	63.40	83.00	95.40	112.90	129.80
56.00	64.40	83.90	96.50	113.80	130.90
57.00	65.50	84.90	97.60	114.80	132.00
		85.90	98.80	115.90	133.30
		86.80	99.80	116.80	134.30
58.00	66.70	87.90	101.10	117.90	135.60
59.00	67.80	88.90	102.20	118.80	136.60
59.90	68.90	89.90	103.40	119.80	137.80
60.90	70.00	90.90	104.50	120.80	138.90
62.00	71.30	92.00	105.80	121.80	140.10
63.00	72.40	92.90	106.80	122.90	141.30
64.00	73.60	93.90	108.00	123.80	142.40
65.00	74.70	94.90	109.10	124.80	143.50
66.00	75.90	95.90	110.30	125.90	144.80
67.00	77.00	96.80	111.30	126.80	145.80
68.00	78.20	97.90	112.60		
69.00	79.30	98.90	113.70		
69.90	80.40	99.90	114.90		
70.90	81.50	100.90	116.00		
72.00	82.80	101.90	117.20		
73.00	83.90	102.90	118.30		
73.90	85.00	103.80	119.40		
75.00	86.20	104.90	120.60		
75.90	87.30	105.90	121.80		
76.90	88.40	106.80	122.80		

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Effective March 20, 1970

FACE SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

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APR 23 1970

Office of Administrative Procedure

ENDORSEDAPPROVED FOR FILING
(GOV. CODE 11380.1)

APR 23 1970

Office of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare
 (Agency)

Dated: April 22, 1970

By: Rahenthant

Director

(Title)

FILEDin the office of the Secretary of State
of the State of California

APR 24 1970

At 4:30 o'clock P.M.

W.H. Miller
 Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

34023. ORGANIZATION—LICENSEES WHO ARE INDIVIDUALS. Each licensee who is an individual shall:

- (a) Be at least 21 years of age.
- (b) Meet the qualifications for the director (Section 34066) or employ a director who meets these qualifications. When a director is employed, there must be written agreement stating the terms of employment, including the administrative responsibility and authority delegated to the director.
- (c) Meet the personal qualifications for all staff (Section 34063).
- (d) Have the knowledge and ability to carry out the responsibilities stated in Section 34021 including:
 - (1) Knowledge of good administrative, educational, and child welfare practices.
 - (2) Ability to communicate effectively in writing.
 - (3) Knowledge and ability to develop personnel practices which will make it possible to attract and retain qualified staff.
 - (4) Ability to organize time and materials.
 - (5) Knowledge and ability to develop sound financial practices based on understanding of capital outlay, operational budgeting, and payroll procedures.

(e) Subsections (a) and (b) of Section 34023 do not apply to individuals licensed prior to May 1, 1970, except when:

- (1) There is a plan to substantially increase the number of children to be enrolled (See Subsection (c) of Section 34002), or
- (2) The license has been voluntarily terminated for more than three years.

Effective 5/1/70

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

34024. ORGANIZATION—PARTNERSHIPS. (a) Each partnership shall be legally constituted.

(b) There shall be a written statement of the obligation and duties of each partner and the provisions for dissolution of the partnership.

(c) Each partner shall be at least 21 years of age.

(d) Each partner shall meet the personal qualifications for all staff (See Section 34063), unless the partner is not involved in the operation of the facility or because of the nature of the responsibilities a given qualification is not required; e.g., a partner with responsibilities limited to financial aspects of the operation would not necessarily need to be temperamentally suited to working with children.

(e) At least one of the partners shall have the knowledge and ability stated in Section 34023, Item (d).

(f) At least one of the partners shall meet the qualifications for the director (Sec. 34066) or a director who meets these qualifications shall be employed.

(g) When a director is employed, there must be a written agreement stating the terms of employment, including the administrative responsibility and authority delegated to the director.

(h) Subsections (c) and (f) of Section 34024 do not apply to partnerships licensed prior to May 1, 1970, except when:

(1) There is a plan to substantially increase the number of children to be enrolled (See Subsection (c) of Section 34002), or

(2) A change in the partnership structure would result in a different individual assuming administrative responsibility for the day nursery, or

(3) The license has been voluntarily terminated for more than three years.

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

34025. ORGANIZATION—CORPORATIONS AND ASSOCIATIONS. (a) Each licensee which is a corporation or association shall be legally organized.

(b) There shall be an internal structure which provides for:

(1) An appropriate governing authority:

(A) Responsible for the development and enforcement of operating policies, and

(B) Located so as to be familiar with, and accountable for, all aspects of the operation of the day nursery and reasonably accessible to the licensing agency.

(2) Appointment of a Director or head teacher of the day nursery who meets the qualifications specified in Section 34066.

(3) Delegation to the Director or (head teacher, when applicable) of responsibility and authority appropriate to the administrative structure of the organization.

(4) The maintenance of qualified membership on all boards and committees.

(5) A constitution, articles of incorporation, bylaws, or other appropriate legal documents which set forth the legal responsibility of the governing board and that of any subsidiary committees or bodies acting in an advisory capacity to the governing board.

(c) Subsection (2) of Section 34025 does not apply to organizations licensed prior to May 1, 1970, except when:

(1) There is a plan to substantially increase the number of children to be enrolled (See Subsection (c) of Section 34001), or

(2) A change in organizational structure would result in a basic change in the method of administering the day nursery.

(3) The license has been voluntarily terminated for more than three years.

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11180.1)

34065. RESPONSIBILITIES OF DIRECTORS. There must be a responsible director in charge of the nursery at all times it is in operation. To be in charge means that (except for programs lasting more than eight hours) the director must usually be on the premises, available to staff, parents, and children. He may not accept outside employment which interferes with these duties.

(b) In a proprietary institution the director may be the owner or an employee of the owner.

(c) The structure of some organizations is such that substitution of the term "head teacher" is appropriate for the term "director". Such a difference in position title is acceptable provided the head teacher meets the qualifications of the director and there is appropriate written delegation of responsibilities.

(d) Licensees who are directors and who own two or more day nurseries must limit the responsibilities they carry. Each such day nursery must have a full-time director. The licensee may serve as the full-time director of one of the day nurseries or may serve as the executive director for all the day nurseries, employing a full-time director for each day nursery.

(e) The Director may be included in the child-teacher ratio during the times when he is actually engaged in teaching a group of children.

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Effective 5/1/70

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

CORRECTORY AMENDMENT

(Through clerical error, this portion was incorrectly arranged when originally filed)

34066.1. QUALIFYING EXPERIENCE AND TRAINING. (Continued)

(b) The 12 semester units in working with children shall include courses covering the equivalent of the following:

- (1) Child Growth and Development or Human Growth and Development.
- (2) Child, Family and Community or Child and Family.
- (3) Program.

(c) Retroactive Qualification. The education and experience requirements do not apply to directors who were employed prior to May 1, 1970. A director who qualifies under this provision shall so qualify for a period of three years following termination of employment.

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

34068.3. CHILD-TEACHER RATIO.

(a) There must be an adequate number of qualified teachers on duty during the hours the nursery is in operation.

(b) No group of children shall be left without adult supervision at any time.

(c) There must be a teacher in charge of each group of children and another adult must be immediately available to substitute in case of emergencies.

(d) There must be an overall ratio of not less than one teacher to 12 enrolled children.

(e) A teacher-assistant may be used in a ratio of one teacher and one assistant for every 15 children enrolled.

(f) The Director of a nursery may be counted in the child-teacher ratio during the time he is actually engaged in teaching a group of children.

(g) Any nursery school which follows an educational philosophy and training program which is promulgated on a State or National basis by a recognized organization and generally recognized by the public as a definite philosophy of education, may apply to the SDSW for a waiver of this section if the regulation violates the philosophy of education providing that:

(1) The licensed facility is certified by the State or National organization as meeting its educational standards and:

(2) The licensed facility is identified publicly as following the tenets of the State or National organization and is so recognized by the consumers and:

(3) There is an overall ratio of at least one adult to each 12 children.

(h) For ratios for parent-cooperative nursery schools, see Section 34069.

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(Pursuant to Government Code Section 11380.1)

34068.4. QUALIFICATIONS OF TEACHERS. (a) Teachers employed after May 1, 1970, shall meet one of the following requirements:

(1) Enrolled in a course of study leading to a high school diploma or the equivalent, and have had two years' experience in group child care, as defined in Section 34066.1, and

Successful completion of 12 semester units or the equivalent in Early Childhood Education or other units of formalized training, under a qualified instructor, in working with children of the age group served by the day nursery, or

After employment, successful completion each year of at least two semester units or the equivalent in Early Childhood Education or other formalized training under a qualified instructor, in working with children of the age group served by the day nursery, until at least 12 such units shall have been completed.

(2) Graduation from high school or the equivalent such as receiving a passing grade in an appropriate examination, and

Successful completion of 12 semester units or the equivalent in Early Childhood Education or other units of formalized training, under a qualified instructor, in working with children of the age group served by the day nursery, or,

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FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11180.1)

34068.4. QUALIFICATIONS OF TEACHERS (Continued)

After employment, successful completion each year of at least two semester units or the equivalent in Early Childhood Education or other formalized training under a qualified instructor, in working with children of the age group served by the day nursery, until at least 12 such units shall have been completed.

(b) The education requirements do not apply to teachers employed before May 1, 1970. A teacher who qualified under this provision shall so qualify for a period of three years following termination of employment.

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FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The adoption of the amendments to Sections 34023, 34024, 34025, 34065, 34068.3 and 34068.4 of Chapter 3, Division 2, Title 22 of the California Administrative Code are emergency regulations necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

The following facts constitute the emergency:

1. The basic regulations listed above have been adopted and published with a current effective date of May 1, 1970.
2. The amendments to the regulations listed above are designed to benefit the children receiving Day Nursery care as well as the individuals and organizations rendering such services.
3. A failure to adopt these amendments with an effective date of May 1, 1970 would create uncertainty and confusion as to the standards governing the operation of day nurseries.
4. Such uncertainty and confusion would necessarily have a detrimental effect on the children receiving day care in this state and thus would adversely affect the health, safety and general welfare of the people of this state.

It is therefore necessary that the regulations listed above be adopted with an effective date of May 1, 1970.

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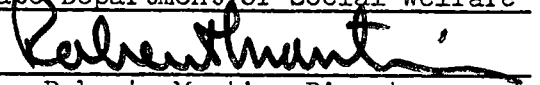
(Pursuant to Government Code Section 11380.1)

CERTIFICATE OF COMPLIANCE
(Under Sec. 11422.1 Government Code)

The State Department of Social Welfare hereby certifies that said agency complied with the provisions of Sections 11423, 11424, and 11425, Government Code, prior to the adoption of the emergency regulations attached hereto.

State Department of Social Welfare

By



Robert Martin, Director

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

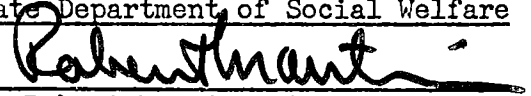
CERTIFICATE OF COMPLIANCE
(Under Sec. 11422.1 Government Code)

The State Department of Social Welfare hereby certifies that said agency complied with the provisions of Sections 11423, 11424, and 11425, Government Code, prior to the adoption of the emergency regulations filed by said agency with the Secretary of State on December 31, 1969 which became effective on May 1, 1970.

California Administrative Code, Title 22, Division 2, Subdivision 4, Chapter 3, Sections 34002, 34003, 34004, 34007, 34021, 34023, 34024, 34025, 34026, 34027, 34028 renumbered from former 34027 and revised, 34040, 34041, 34065, 34066, 34066.1, 34067, 34068 renumbered from former 34067 and revised, 34068.1, 34068.2, 34068.3, 34068.4, 34068.5, 34070, 34227, 34229, filed with Secretary of State on December 31, 1969.

State Department of Social Welfare

By



Robert Martin, Director

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FACE SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

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APR 29 1970

Office of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(Gov. Code (1880.8))

APR 29 1970

Office of Administrative Procedure

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare
(Agency)

Dated: April 27, 1970

By:

Robert Heurt

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

APR 29 1970

At 1:20 o'clock P.M.

[Signature]

Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

CERTIFICATE OF COMPLIANCE
Under Sec. 11422.1 Government Code

The State Department of Social Welfare hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations filed with the Secretary of State on December 30, 1969, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Sections 44-207.1, 44-208.1, 44-209.3, 44-311.11 and Department Bulletin No. 653 filed with Secretary of State on December 30, 1969, effective immediately

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

CERTIFICATE OF COMPLIANCE
Under Sec. 11422.1 Government Code

The State Department of Social Welfare hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations filed with the Secretary of State on December 30, 1969, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Sections 10-203.32 and 10-203.33 filed with Secretary of State on December 30, 1969, effective immediately

State Department of Social Welfare

By Robert Martin

Robert Martin, Director

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FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

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Office of Administrative Procedure

ENDORSED

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(GOV. CODE 11380.1)

APR 30 1970

Office of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: April 29, 1970

By: _____

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

APR 30 1970

At 3:30 o'clock P. M.


 Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

These regulations do not contain any building standards.

42-203 DEFINITION OF PERMANENT AND TOTAL DISABILITY (Continued)

42-203

.4 Qualifying Medical Impairments

 ATD
 MN

Any major physical, mental or emotional condition or disease which is irremediable in nature and expected to last throughout the lifetime of the individual and which totally disables the individual may be considered a disability for the purpose of ATD. (See Section 42-203.6, Qualifying Personality and Emotional Disorders, and Section 42-203.7, Nonqualifying Criteria.)

.5 Two or More Impairments

- .51 A person may have two or more impairments, neither of which alone may be severe enough to qualify him, but the combined impairments are evaluated by the ATD Review Teams in light of their combined effect upon the person's ability to engage in a useful occupation.

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

42-203 DEFINITION OF PERMANENT AND TOTAL DISABILITY (Continued)

42-203

ATD | .52 Conditions Excluded by Regulation
MN |

Persons who have two or more impairments or conditions, one of which (such as alcoholism) may be excluded by regulation, are evaluated on the severity of the impairment which is not excluded.

.6 Qualifying Personality and Emotional Disorders

Persons with certain personality and emotional disorders may be eligible:

.61 If they are combined with other significant impairments;

or

.62 If it is established that the disorder has constituted a barrier to engaging in a useful occupation for a three-year period immediately preceding the date of application, unsuccessful attempts at employment or homemaking during the three-year period prior to application may show conclusively that the emotional disorder was a barrier to employment;

and

.63 A diagnosis is made by a board-eligible or board-certified psychiatrist.

While it is presumed that unless the disorder has continued for a three-year period eligibility does not exist, this is a rebuttable presumption which may be overcome by documentation from a board-eligible or board-certified psychiatrist that one of the following exist:

- (a) extreme physical complaints, not organic in basis, that approximate delusions in their extent or
- (b) such preoccupation with symptoms that the person is so withdrawn or obsessed that he is incapacitated or
- (c) the emotional disorder interferes with the functioning of some part of his body in the same manner as if it were a major physical impairment.

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(Pursuant to Government Code Section 11380.1)

42-203 DEFINITION OF PERMANENT AND TOTAL DISABILITY (Continued)

42-203.

ATD
MN
.7 Nonqualifying Criteria

.71 Unemployability for other than medical reasons is not a
qualifying criterion.

.72 Nonqualifying Personality Disorders

Persons with the following personality disorders are ineligible in the absence of other major physical impairments or underlying psychiatric illness: (See Diagnostic and Statistical Manual of the American Psychiatric Association, Second Edition, for definitions.)

Antisocial Personality	301.7
Sexual Deviations	302
Alcoholism	303
Drug Dependence	304

If other qualifying impairments have not been documented the county medical consultant may disapprove the application on the basis of remediability or lack of totality of disability. A statement from the county medical consultant on the disapproval of the disability shall be submitted to the ATD Review Section at the time denial action is taken by the county.

Effective 5/1/70

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following regulation is to be repealed effective May 1, 1970:

42-205 Personality and Emotional Disorders

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The repeal of Section 42-205 and the revision of Section 42-203 of the regulations contained in the State Department of Social Welfare Manual of Policies and Procedures are emergency measures necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

The following facts constitute the emergency:

1. Section 42-205 provides standards for the determination of eligibility for Aid to the Needy Disabled for persons with personality and emotional disorders.
2. On April 28, 1970, a judgment was issued by the United States District Court for the Central District of California declaring this regulation to be inconsistent with the Social Security Act, invalid and unenforceable.
3. Section 42-203 as revised establishes standards consistent with the judgment of the court described above, to determine eligibility of persons with personality and emotional disorders for benefits under the Aid to the Needy Disabled Program.
4. Failure to repeal Section 42-205 and to adopt revised Section 42-203 by emergency action would leave the Aid to the Needy Disabled Program without standards upon which to determine eligibility for persons with personality and emotional disorders for a period of thirty days after filing with the Secretary of State as prescribed in Government Code Section 11422.
5. Such failure would result in inability to make uniform determinations of eligibility with respect to persons with personality or emotional disorders and would tend to deprive persons within this category of the equal protection of the laws.
6. The absence of standards to determine eligibility for Aid to the Needy Disabled for persons with personality and emotional disorders, even temporarily, would necessarily have an adverse effect upon the health, safety and general welfare of the persons affected and thereby the people of this State.

Repeal of Section 42-205 and adoption of revised Section 42-203 are required effective May 1, 1970.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

CERTIFICATE OF COMPLIANCE
Under Sec. 11422.1, Government Code

The State Department of Social Welfare hereby certifies that said agency complied with the provisions of Sections 11423, 11424, and 11425, Government Code, prior to the adoption of the emergency regulations attached hereto.

Sections 42-203.4, 42-203.5, 42-203.6, and 42-203.7 adopted 4/29/70
Repeal of Section 42-205 adopted 4/29/70

State Department of Social WelfareBy Robert Martin
Robert Martin, Director

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